[](https://pbs.twimg.com/profile_images/827171968759824385/9D2gcB7H_400x400.jpg)**Hull Clinical Commissioning Group**

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| **Education, Health and Care Needs Assessment Request**  **Young Persons Request Form**  This form is for Young People age 16 or over to request an EHC Needs Assessment for themselves. |

**This request is made in accordance with section 36 of the Children and Families Act 2014**.

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| 1. **1. My Personal Details** | | | | | |
| Full name: |  | | | | |
| I like to be known as: |  | | | | |
| Date of birth: |  | | Gender: | |  |
| Ethnicity: |  | | Religion: | |  |
| Home address: |  | | | | |
| Telephone number: |  | | E-mail: | |  |
| Preferred method of communication? | | Letter  Email  Telephone | | | |
| First Language |  | | | | |
| Any support needs? |  | | | | |
| Social care status? | Not Applicable  Child In Need (CIN)  Child Looked After (CLA)  Care Leaver | | | | |
| UPN: |  | | NHS No: |  | |
|  | | | | | |
| 1. **Significant people who can support me with this process** | | | | | |
| Relationship to learner: |  | | Title: | |  |
| First name: |  | | Surname: | |  |
| Home address: |  | | | | |
| Telephone: |  | | E-mail: | |  |
| Preferred method of communication? | | | Letter  Email  Telephone | | |
| First Language |  | | | | |
| Any support needs? |  | | | | |
| Would you like this person to receive copies of communication to support you with this process? | | | Yes  No | | |
|  | | | | | |
| Relationship to learner: |  | | Title: | |  |
| First name: |  | | Surname: | |  |
| Home address: |  | | | | |
| Telephone: |  | | E-mail: | |  |
| Preferred method of communication? | | | Letter  Email  Telephone | | |
| First Language |  | | | | |
| Any support needs? |  | | | | |
| Would you like this person to receive copies of communication to support you with this process? | | | Yes  No | | |

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| 1. **Details of current education setting** | |
| Name of current educational setting:  *(school/college/work/training provider)* |  |
| Current year group: |  |
| Date of entry to current educational setting: |  |
| Name and role of main contact in setting: |  |

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| **4. My GP Details** | |
| GP Name |  |
| GP/Surgery Address |  |

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| 1. **External Agency/Professionals Involvement**   Please indicate if you are currently receiving any support from specialist services (e.g. Educational Psychologist, Specialist Teacher), health and/or social care.If reports they have recently written are available, please attach them to the end of this request for assessment and indicate in the table: | | | | | | |
| Name: | Job title: | Organisation: | Contact details: | Involvement Date | | Report Included? |
| From | To |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |

|  |  |
| --- | --- |
| **6. My views** | |
| What do I like about education? What am I good at? | |
| My Views |  |
| What others say |  |
| What do I not like about education? What do I find difficult? | |
| My Views |  |
| What others say |  |
| What can others do to help me learn? | |
| My Views |  |
| What others say |  |
| What do you hope will be achieved as a result of this request for Education Health and Care Assessment? | |
| *Why is a request for assessment being submitted now?*  *What do you hope this process will provide for you?*  *What difference would an EHC Assessment make?* | |
| If an assessment is agreed I would like further or more up to date information to be requested from the following people | |
| *Are there people who you would like up to date information or advice from if an Education, Health and Care Assessment is agreed?*  *This is an opportunity to identify those who know you well and who are able to provide details on your strengths, difficulties and support which is in place or required.*  *This may include people such as health or medical practitioners, family support or social workers, voluntary support agencies, youth group or club leaders etc.* | |
| Is there any information you would like to share relating to your Special Educational Needs to support a request for an Education Health and Care Assessment? | |
| *This is an opportunity for you to provide additional information at this early stage if you wish. There is no requirement for this box to be completed.* | |

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| **Young Persons Consent** | |
| I would like the Local Authority to consider my special educational needs and agree that information about me can be accessed on a ‘needs to know’ basis by education, health and social care as appropriate and can be shared with future providers to help them plan provision and appropriate support. I also agree that the Local Authority can seek information and advice from other services as appropriate. | |
| **Signature of person giving consent:** |  |
| **Name of person giving consent:** |  |
| **Contact telephone no:** |  |
| **Contact e-mail:** |  |
| **Date:** |  |

**Please return this form, together with any additional reports that you wish to be considered to:**

**By post:** SEND Assessment & Review Team, Hull City Council, 79 Lowgate, Hull, HU1 1HP

**By e-mail:** In Microsoft Word format to: [SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk).

Please password protect the document using password: send

To do this, while in the open document in Word go to File > Protect Document > Encrypt with Password > enter password: send > ok > re-enter password: send > ok. Then save the document and attach it to an e-mail.]