## Please complete this form to request an Education, Health and Care (EHC) needs assessment of your child. When you have completed the form please return it to:

## by post: SEND Business Support Team

Hackney Education

London Borough of Hackney

## 1 Reading Lane

## London E8 1GQ

## or by email to: SENDBusinessSupport@hackney.gov.uk

If you have any questions about filling in this form, please telephone SEND Business Support Team on 020 8820 7000 option 4-1. You can also get independent help from SEND Information, Advice and Guidance Service (SENDIAGS) on 020 7275 6036.

## Once you have submitted this form, a Plan Co-ordinator from the EHC Planning Team will contact you to explain the next steps in the process and a decision on whether to conduct an EHC needs assessment will be made within 6 weeks of receipt of your request.

## Your Child’s Details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name(s): | | |  | | Surname: | |  | | | | | | |
| Date of Birth: | |  | | | National Curriculum Year: | | | | | |  | | |
| School Name: | | | | | | | | | | | | | |
| School Address: | | | | | | | | | | | | | |
|  | | | | | | | | | Postcode: | | |  | |
| Gender: |  | | | | Home Language | | | | |  | | | |
| Ethnicity: |  | | | | Religion: |  | | | | | | | |
| Child’s Home Address: | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | Postcode: | | | | |  |

## Your Details:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | First Name: | |  | | Surname: | |  | |
| Relationship to Child: | | | |  | | | | | | |
| Your Address (if different from child’s): | | | | | |  | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | Postcode: | |  |
| **Contact details:** | | | | | | | | | | |
| Home | |  | | | | | | | | |
| Mobile | |  | | | | | | | | |
| Email | |  | | | | | | | | |

**Brief Description of Child’s Needs:**

|  |
| --- |
| In this section please describe any learning, communication, language, emotional, behavioural, physical or medical needs that your child has that you believe affect their education. |
| Please give details of any agencies or professionals (for example Social Services, Health Services, Educational Psychologists, Speech and Language Therapists and so on) that are currently involved with your child, if any. |

**Data Protection Statement:**

Hackney Education will use the information provided in this form for the purpose of deciding whether or not to conduct an Education, Health and Care Needs assessment for the above named child. The London Borough of Hackney also maintains and uses information collected from children and families for whom it provides services to enable it to carry out specific functions for which it is responsible. Your personal information, including sensitive personal information (as defined by the Data Protection Act) may be shared with internal departments or with external partners and agencies involved in delivering statutory and other services.

Hackney Education will only process your personal information for the purpose for which it was collected unless additional processing is required by law or in circumstances where the relevant conditions within the Data Protection Act (1998) are satisfied.

I hereby confirm that I have read and understood the above statement and consent to the information I have provided being processed by Hackney Education in accordance with the Data Protection Act (1998). 🞏 Yes

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |