I understand that I am agreeing, as parents/carers or young person\*, to Essex County Council considering this request and, if agreed, undertaking an EHC needs assessment which includes gathering and sharing of reports/information between all practitioners and agencies in relation to all aspects of the needs assessment process, ongoing monitoring and quality assurance of Education, Health and Care (EHC) plans, if issued. This may include, but is not limited to:

* Education settings
* SEND Operations Team
* Inclusion and Psychology Service
* Social Care Services
* Health Services such as a paediatrician, dietician, paediatric community nurse, health visitor, physiotherapy and occupational therapy, speech and language therapy, GP, school nurse, Emotional Well Being and Mental Health Service.

*\*A ‘young person’ is defined in the SEND Code of Practice in this context, as a person over compulsory school age and under 25. For ease of reference, young people are referred to in the Code of Practice as ‘over 16.’*

**Child or young person’s information**

|  |  |
| --- | --- |
| Name of child/young person: |  |
| Date of birth: |  |
| Home address: |  |
| Post code: |  |
| Gender: |  |
| School educational placement (if any) |  |
| GP: |  |
| Ethnicity: |  |
| Home language: |  |

**Contact details**

|  |  |
| --- | --- |
| Name of parent/carer: |  |
| Contact telephone number: |  |
| Email address: |  |

**Exceptional Circumstances**

Only in exceptional circumstances, where the safety of the young person or child is at risk, will the Local Authority **not** consult with the relevant practitioners and agencies. Please tell us of any practitioners or agencies we cannot consult with. Please give reasons why. The Local Authority will need evidence to support this.

|  |  |
| --- | --- |
| **Name of practitioner or agency you do not wish the LA to contact** | **Explanation as to why the child or young person will be at risk** |
|  |  |
|  |  |

*Please sign your name in the boxes below and make clear whether you are the young person\*, a parent (with parental responsibility\*\*) or a carer/guardian (with parental responsibility\*\*) and date.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Status (Young Person/parent/ Carer)** | **Date** |
|  |  |  |
| Signature: | | |

If you are the young person\* please tick the box if you agree for the LA to share information with your parents/carers

*\*A ‘young person’ is defined in the SEND Code of Practice in this context, as a person over compulsory school age and under 25. For ease of reference, young people are referred to in the Code of Practice as ‘over 16.’*

*\*\*Under the terms of the Children Act 1989, married parents or the unmarried mother of a child automatically have parental responsibility. Other people including unmarried fathers, step-parents, co-habitees, grandparents and other relations, and foster carers may acquire parental responsibility in a variety of ways, such as being granted a residence order, which confers parental responsibility on them.*

**Data Protection:** The personal information collected by Essex County Council will only be used for the purposes of providing education support and reviewing the EHCNA processes and practices. Information will be held securely and retained only for as long as is necessary.

Sharing of information can be in verbal or written form. Any professional involved in the process can share information with us in the form of copies of information together with recent and past assessments. If relevant, we share computerised records. These can only be accessed by authorised staff.

The information shared usually includes the child's or young person's date of birth, address, and contact information such as phone numbers. We also share details, such as home and family circumstances, family history, social and educational background, and the names of any services that are currently being provided. By not sharing information with relevant professionals, including your own views, it will be difficult to carry out an assessment for an Education, Health and Care Plan.

**Who should sign the form?**

* The parent or carer with parental responsibility for a child under the age of 16.
* The parent or carer with parental responsibility for a child/young person aged 16/17 who does not have capacity to consent.
* Child/young person aged 16/17 if they are deemed to have the capacity to consent.
* Young person aged 18 or over if they are deemed to have the capacity to consent. If they do not have capacity to consent, the Local Authority will consider who may be appropriate to consent on their behalf in the individual circumstances in the absence of any Deputyship/Court Order.
* Anyone given authority to make decisions on the child/young person’s behalf through a Deputyship or Court Order.

**More details about information sharing as part of an EHC needs assessment and Education Health and Care plan (EHCP)**

* Information sharing is for the duration of the EHC needs assessment and, if an EHC plan is issued, for the duration of the plan.
* If you do not wish professionals to share a particular piece of information, then you need to let them know as soon as possible to request that this is not shared. If there is a statutory duty to do so the professional may be required to share certain information despite your request.
* Any details of the services we provide or information about the child, young person or their family will be stored and used in strict accordance with the Data Protection Act 2018.
* We have a legal duty to share information with other agencies if we believe it will protect the child or young person, prevent harm to someone else or prevent/ detect a crime.