



# **EHCNA 1**

**Parent, Carer and Young Person**

**Application**

**Request for Information**

## Requests and Permissions

This form is designed to gather information in accordance with the Children and Families Act 2014 and should be completed by the **Parents, Carers** of a child or as an advocate of / alongside the young person with Special Educational Needs and/or Disabilities.

Note: When completing this form it would be helpful - however not compulsory - to discuss the content of this form with your child or young person's Educational Setting.

**In accordance with the Data Protection Act 2018 and General Data Protection Regulation 2018 we must inform you that by signing the relevant sections of this form you are giving your specific consent to BMBC Education, Early Start & Prevention to:**

1. *Process the information we collect from you or your child now and whilst we have involvement with you and/or your family.*
2. *Process this information for the Purpose of making the needs assessment of you/your child for an Education, Health and Care Plan (EHCP) as well as the issuing and maintenance of the plan where appropriate.*
3. *Share your information with relevant professionals and request information from them regarding your child / young person.*
4. *Liaise with external services to observe and provide advice in relation to your child / young person's needs.*
5. *Consult with local provisions to establish whether your child / young person's needs can be met within Barnsley.*

For those who attend the Annual Review: Article 5 (e) of the GDPR states personal data shall be kept for no longer than is necessary for the purposes for which it is being processed.

The sharing and requesting of information will be done only where it is necessary or where the Local Authority are legally obliged to do so and is strictly in accordance with the Data Protection Act 2018 and General Data Protection Regulation 2018.

*For details sending this form to the Local Authority please read the back page.*

Has the information in this form been discussed with your child / young person's Educational Setting?

Yes  No

**Request for assessment**

As my child / young person is under the age of 16: I would like to request the Local Authority undertakes a statutory assessment on my child/young person: \_\_\_\_\_

**Sharing and requesting information**

I give the Local Authority permission to share my personal details with other relevant professionals and organisations - such as the NHS and schools, however only where appropriate - to gather evidence for this statutory needs assessment.

I give the Local Authority permission to request any information regarding my child / young person regarding this statutory needs assessment.

**Permission to observe**

I give permission for any relevant agency or provider to observe my child / young person in their current setting to best support their needs.

**Permission to consult**

I give the Local Authority permission to consult with a range of local schools in the event that my child / young person require/s additional support.

**Parent / Carer / Advocate authorisation**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_

**Young Person declaration**

1. I am a young person over compulsory school age – over 16.
2. I have the capacity to make decisions.
3. I have the legal right to participate in making decisions about my Education, Health and Care plan.

**Young Person authorisation**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_

## Contact details

<b>Family Name</b>		<b>First Names</b>		
<b>Address</b>		<b>Date of Birth</b>		
		<b>Telephone</b>		
<b>Email</b>				
<b>I Attend/Recently Attended this Educational Setting</b>				
<b>Gender</b>	<b>First Language</b>	<b>Ethnicity</b>	<b>NHS Number</b>	<b>EHA / CIN / CP</b>
<b>GP contact details</b>				
<b>Persons with Parental Responsibility</b>	<b>Relationship</b>		<b>Contact Details (if different)</b>	
<b>I live with...</b>				
<b>I am a Looked After Child (LAC)</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If YES, which authority is responsible for this child / young person?</b>				
<b>If YES, what is the name and contact details of the social worker?</b>				
<b>Name</b>			<b>Address</b>	
<b>Tel</b>				
<b>Email</b>				
<b>Communication</b>				
<b>Who is the initial point of contact?</b>				
<b>How do they prefer to be contacted?</b>				
<b>Method:</b>			<b>Detail:</b>	
<b>Language Used at Home</b>			<b>Details of any interpretation/access support needed for the family</b>	

## Your child / young person's journey so far

In your own words, provide a brief history for your child / young person from birth to present day. Begin with who they currently live with followed by key points in their life and development as well as any concerns and achievements you have witnessed.

## Your child / young person's wishes and feelings



What do you like and admire the most about yourself?



What do you feel you are really good at? Tell us about some of your proudest achievements.



What do you find difficult?



How have other people or support strategies helped you?

## Your child / young person's wishes and feelings



What are your hobbies or interests?



How could people help you try new things?



What would you like to achieve when you're older?

**How were these views collated? Did anyone help you to tell us about your views?**

Jacob was able to write his views down independently without the aid of any additional support from another person.

## Which people are important to your child / young person?



Who is important to your child / young person?  
Please provide us with an update of these people personal to them, e.g.

- Family
- Pets
- Friends
- Carers
- Key adults
- School staff



You may wish to attach copies of new pictures to an email and send them to our service. We would like to include these in your EHC plan.



**Which people are important to your child / young person?**

## Parent's wishes and feelings



What do you like and admire the most about your child / young person?



What has your child / young person achieved recently? Why are you proud of these achievements?



What does your child / young person struggle most with at school?



Which support networks have worked best to help your child / young person?

## Parent's wishes and feelings



Does your child / young person have any medical needs, personal care needs or dietary requirements?

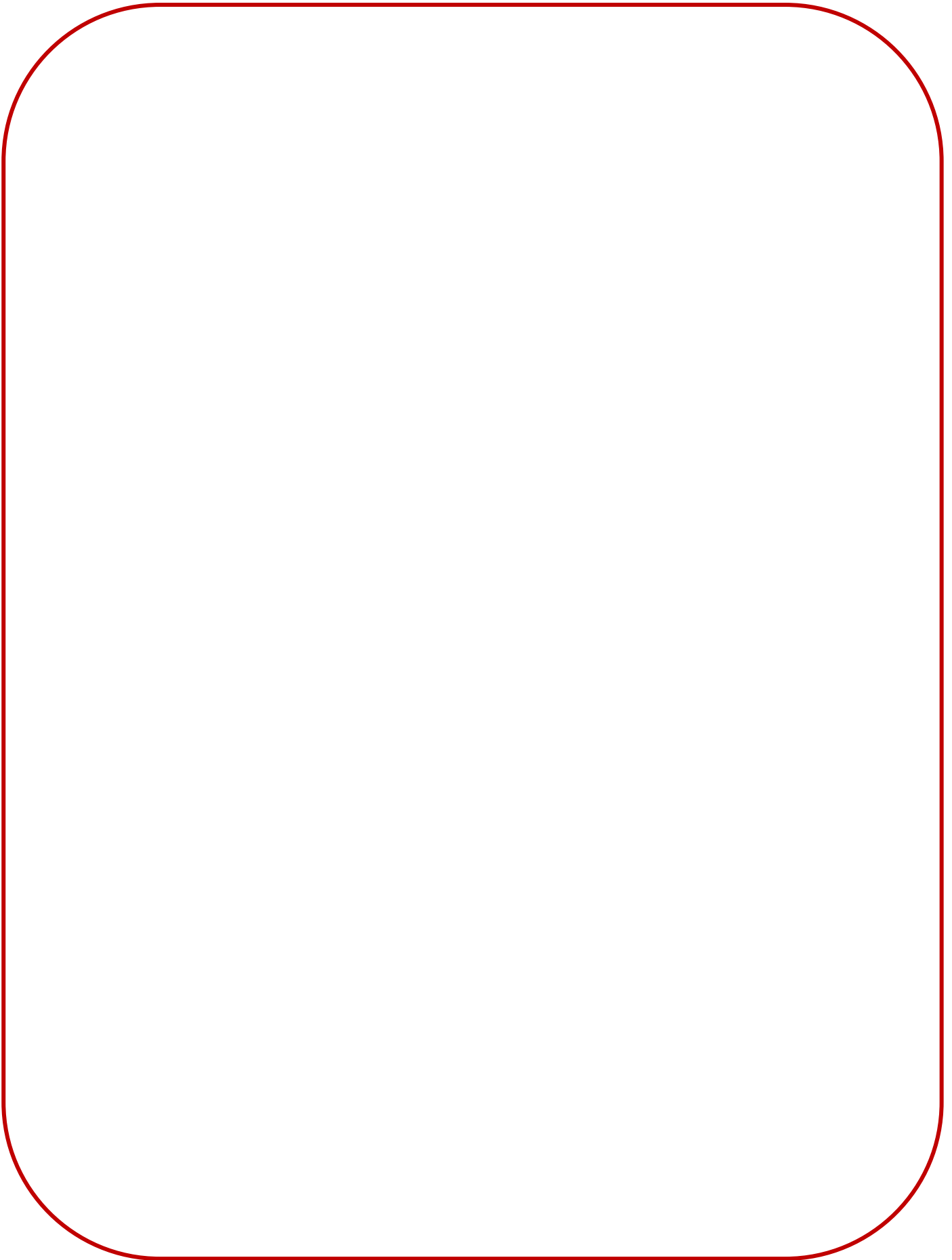


How can we make your child / young person feel happy and safe?



What would you like your child / young person to achieve in their future?

## Additional Information

A large, empty rounded rectangular box with a red border, intended for additional information. The box is centered on the page and occupies most of the vertical space below the header.

## Medical information

1) Do you have any concerns or worries about your child / young person's health?

2) Does your child / young person have any existing diagnosis or are you awaiting the results of a recent assessment?

3) Is your child / young person taking any medication or receiving any medical treatment? If so, please provide details.

4) Does your child / young person's health pose any risk to themselves or others in the educational setting? If so, please provide details.

5) Is there anything else you think we should know about your child / young person medical history?

6) Is there any family medical history you would like to share?

Please provide the contact details for all medical professionals in the following section:

**People Who Help and Support Me**

## Professionals who have helped to support your child / young person

Please provide details of anyone who has helped or supported you over the last 12 months (or longer in some situations). *Note: all contact details must be provided to allow advice to be sought accurately and in a timely manner.*

**Name:**

**Role / Relationship:**

**Date of Involvement (From/Until):**

**Address:**

**Tel:**

**Email:**

**Name:**

**Role / Relationship:**

**Date of Involvement (From/Until):**

**Address:**

**Tel:**

**Email:**

**Name:**

**Role / Relationship:**

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## Professionals who have helped to support your child / young person

**Name:**

**Role / Relationship:**

**Date of Involvement (From/Until):**

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**Email:**

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**Role / Relationship:**

**Date of Involvement (From/Until):**

**Address:**

**Tel:**

**Email:**

**Name:**

**Role / Relationship:**

**Date of Involvement (From/Until):**

**Address:**

**Tel:**

**Email:**

## How do I submit this form?



Please fill in this form in, in a Word format.



Save your document as:

**EHCNA, Surname, First name, Date of Birth**

**E.g. EHCNA Smith John 050512**



Email our service securely using encryption or password protection on:

[senassessmentandreview@barnsley.gov.uk](mailto:senassessmentandreview@barnsley.gov.uk)



By returning this form electronically you are agreeing that Barnsley MBC children's services will accept your email as confirmation of the information submitted without an original signature.

or



Still fill in this form in a Word format.



Now print off and sign.



You can then post your form to:

**The EHCP Team  
Assessment & Review  
BMBC  
PO Box 634  
Barnsley  
S70 9GG**



You can call our service for support on:

**01226 773 966**



**BARNSELY EDUCATION, HEALTH & CARE PLAN TEAM  
ASSESSMENT & REVIEW**