



# **EHCNA 3**

**Health and Professionals**

**Application**

**Request for information**

This form is designed to gather information in accordance with the Children and Families Act 2014 and should be completed by either **Health or Professionals** who work with a child or young person who has Special Educational Needs and / or Disabilities.

Note: to accompany your application, it would be beneficial if you could sign post parents to submit their views using the **Education, Health and Care Needs Assessment: Parent, carer and young person application**.

The Parent, carer and young person application is also required to give **consent** to the Local Authority regarding the sharing and gathering of information about the child / young person.

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.

## Request to assess

I would like to request the Local Authority undertakes a statutory assessment on: \_\_\_\_\_

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

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

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

## Details of the person requesting statutory assessment

<b>Name</b>		<b>Role</b>	
<b>Tel No</b>		<b>Email</b>	
<b>Address</b>		<b>Agency / Service</b>	

## Information sharing

Have you shared the content of this document with the young person and / or their parent / carer?

Yes  No

If yes, were they in agreement with the content of the document?

Yes  No

If you have answered "No" to either of the above questions, please provide more details below.

## Permission to share information

I give the Local Authority permission to share this information with any relevant professional involved with:

\_\_\_\_\_

Professionals Signature: \_\_\_\_\_

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

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

## Contact details

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

## Reasons for the request of statutory assessment

<p><b>What are the child / young person's needs?</b></p>	
<p><b>What is the impact of the child education, health or social care?</b></p>	
<p><b>What are the child / young</b></p>	
<p><b>What strategies have best supported this child / young person so far in their education?</b></p> <p><i>N.B. These should be specific, class and school based strategies which are relevant to the child / young person.</i></p>	
<p><b>What bespoke strategies have best supported this child / young person so far in their education?</b></p> <p><i>N.B. These should be specific to the field of expertise of the person completing this form.</i></p>	

# Outcomes

If possible, please provide an outcome which is specific to your field of expertise. Ensure that this outcome is quantifiable and measurable.

**Outcome A**

**Outcome B**

**Outcome C**

**Outcome D**

## Involvement information

**Please provide details here as to the nature of your past / present involvement with the child / young person.**

*It is important for the Local Authority to understand the nature of your service's involvement with the child / young person over the last 12 months (or longer in exceptional circumstances).*







## How do I submit this form?



Please fill in this form in a Word format.



Save your document as:

**EHCNA your service, Surname, First name,  
Date of Birth** E.g. EHCNA CAMHS Smith John  
050512



Now print off and sign.



Please also scan and save as a PDF and **send both Word and PDF documents using the above file names** to our service.



Please email the form using a **secure method** (i.e. encryption) to the EHCP Team with the subject line **EHCNA your service** at:  
[senassessmentandreview@barnsley.gov.uk](mailto:senassessmentandreview@barnsley.gov.uk)



Or if you have a NHS account:  
[senassessment&review@barnsley.gcsx.gov.uk](mailto:senassessment&review@barnsley.gcsx.gov.uk)



You can then post your form to:  
**The EHCP Team  
Assessment & Review  
BMBC  
PO Box 634  
Barnsley  
S70 9GG**



For any enquiries, you can call our service on:

**01226 773 966**



**BARNSELY**  
Metropolitan Borough Council

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