

**CONSENT TO REQUEST FOR STATUTORY EHC NEEDS ASSESSMENT**

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| **Name of child/young person** |  | | **Date of birth** |
| **Home address** | **Post code:** | | |
| **GP** | **Name** | | **Address** |
| **Name(s) of parent/carer** |  | | **Parental responsibility Yes/No** |
|  | | **Parental responsibility Yes/No** |
| **Others with parental responsibility?** | **Yes/No** | **Name** | **Address** |

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| **CONSENT** |
| By signing this form you agree that Birmingham City Council (BCC) can assess the needs of your child and confirm that you understand that the confidential information about your child that is required for, or generated by, this Education, Health and Care Plan (EHCP) assessment will be shared, in accordance with BCC’s Information Sharing Protocols, with professionals or organisations that:   * Are already involved with your child or young person; * You have asked to become involved with their case; or * BCC considers necessary, in order: * to assess your child or young person’s educational, health or care needs; and * to prepare any relevant documents, including an EHCP, if required.   BCC will endeavour to inform you if another professional or organisation, not already involved, is asked to meet with or work directly with your child for the purposes of an EHCP assessment and the paper and electronic records used during, or created for, this assessment will be kept safe and destroyed in accordance with BCC’s policies. Please note that you are entitled to request a copy of the information that BCC holds about you or your child; for more information, contact BCC’s Information Governance Team at;  Performance and Information (WS)  PO Box 16366,Birmingham,B2 2YY              Tel: 0121 303 4876                 email: [foi\_mailbox@birmingham.gov.uk](mailto:foi_mailbox@birmingham.gov.uk)  By signing this form I give explicit consent for Birmingham City Council (BCC) to communicate with me regarding all aspect of this assessment by secure email. |

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| **Parent/carers**  **(Please print name)** |  |  |
| **Signature** |  |  |
| **Date** |  |  |
| **Child or young person**  **(Please print name)** |  | |
| **Signature** |  | |
| **Date** |  | |

**Details of person completing the referral for EHC Needs Assessment**

|  |  |
| --- | --- |
| **Name of referrer** | |
| **Name** |  |
| **Role** |  |
| **Signature** |  |
| **Date** |  |