**[This letter and application form can be submitted electronically by emailing it to** [**EHCPApplications@Oxfordshire.gov.uk**](mailto:EHCPApplications@Oxfordshire.gov.uk) **alternatively you can post it to your** [**local SEN Team**](https://www.oxfordshire.gov.uk/cms/content/contact-special-educational-needs-casework-teams)**.]**

**Insert your address**

**Telephone number**

**Email address**

Oxfordshire County Council

**[Insert date]**

**REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT**

**I am the parent of [insert name of child or young person]** OR **if a young person is writing in their own name, my name is** **[insert name of child or young person** and am writing to request an Education, Health and Care needs assessment under section 36 of the Children and Families Act 2014.

I have completed the application form as evidence in support of my request**.**

**I confirm that an EHC needs assessment has not been undertaken during the previous six months** OR **although an EHC needs assessment has been completed within 6 months I consider it is necessary for a further assessment to be undertaken because [insert reasons here].**

I look forward to hearing from you by no later than **[insert date 6 weeks from the date of the letter].**

Please kindly acknowledge receipt of this letter by return.

Yours faithfully

**[insert name]**

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**Application Form:**

**Education, Health and Care Needs Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Application for |  | | |
| Date of birth |  | Year group |  |
| Completed by |  | | |
| Relationship to child or young person |  | | |
| Setting / School / College |  | | |
| Date of application |  | | |
| Date application received by SEN team |  | | |

**There is support and guidance available to help with completing this application:**

* Please see the [Local Offer](https://www.oxfordshire.gov.uk/localoffer) for Oxfordshire, available through the Oxfordshire County Council website, for advice and guidance on applying for an [Education, Health and Care](https://www.oxfordshire.gov.uk/cms/public-site/education-health-and-care-plans) Needs Assessment and the support available.
* It may be helpful to discuss your intention to apply with [SENDIASS](https://www.oxfordshire.gov.uk/cms/public-site/sendiass-oxfordshire-formerly-parent-partnership) (**01865 810516)** as they can provide useful guidance and advice. They can also organise for Independent Supporters to assist you.
* You can also contact the special educational needs case work team who are available to support you in preparing your application. Please email [SEN@Oxfordshire.gov.uk](mailto:SEN@Oxfordshire.gov.uk)

This application form can be submitted by emailing the completed form to [EHCPApplications@Oxfordshire.gov.uk](mailto:EHCPApplications@Oxfordshire.gov.uk) or you can post it to your [local SEN team.](https://www.oxfordshire.gov.uk/cms/content/contact-special-educational-needs-casework-teams)

Applications are usually made by a child or young person’s educational setting; another option available is to contact your child's or young person's setting, school or college and ask them to submit an application on your behalf.

**Information storage and sharing**

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| Please read this section before filling out the rest of the form. |

The information in this form will enable professionals to understand what help your child or young person may need. It will be necessary to share this information with appropriate professionals as part of the assessment, should one be made. This could include (but is not necessarily limited to) the [Educational Psychology Service](http://search3.openobjects.com/kb5/oxfordshire/fsd/service.page?id=BrbWJr4zZko), health services including [Child & Adolescent Mental Health Services](http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/child-and-adolescent-mental-health-services-camhs-tier-2-3/) (CAMHS), and Community Paediatricians and social care services. The local authority may also engage the services of practitioners in the private sector to assist with the assessment and or drafting of the plan. In all cases these providers will have been subject to a confidentiality risk assessment undertaken by the local authority’s Information Management team. We will not share the information with any other organisation for any other purpose, unless required to by law.

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| If you would like any further information, please contact SENDIASS to discuss your application and any queries you may have. |

**Your rights**

Oxfordshire County Councilis a data controller under the EU General Data Protection Regulation (GDPR) and under the Act you have a right of access to the information we hold about you. Our [Privacy Notice](https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/corporateovernance/GenericPrivacyNotice.pdf) is designed to explain how and why information about you will be used and stored by us.

If you would like to obtain a copy of your personal information you can make a [subject access request](https://www.oxfordshire.gov.uk/cms/content/requesting-copy-your-personal-information) or ring 08452 262636.

**Preferred method of communication**

During the application process Oxfordshire County Council will need to contact you.

Please specify your preferred method of receiving communication from the council.

email  hard copy (paper letters)  both email and hard copy

If you are 16 or 17 years old correspondence will be addressed to both you and your parent(s)/carer(s).

Oxfordshire County Council uses a secure system called Egress Switch for sending information. It's free to sign up and simple to use when you send messages to us. Please be aware that if you choose to communicate with us by email without signing up your information may not be sent securely.

**Contents of the Application Form**

|  |  |
| --- | --- |
| **Part 1** | **Personal Details** |
|  | This contains personal information relating to the child or young person and their family members and carers. |
| **Part 2** | **‘All About Me’** |
|  | This section is to record the views, interests and ambitions of the child or young person.  There is guidance on how this can be gathered available through the [local offer.](https://www.oxfordshire.gov.uk/localoffer) |
| **Part 3** | **Education, Health and/or Care needs and support** |
|  | This section includes a description of the child or young person’s needs and the services and funding used to support them. We need to know about what effect that support has had and your child or young person’s rate of progress.  The special education needs coordinator (often called a SENCO) at your child's or young person's setting, school or college can help to gather this information. We will contact them for further information if needed. |
| **Part 4** | **Reports and assessments** |
|  | This section lists the essential reports and assessments that should accompany the application form. It also provides room to detail any additional existing reports that can then be submitted alongside the application. |
| **Part 5** | **Desired outcomes** |
|  | This is a description of the reasons why an application for an EHCP is being made and the benefits to the child or young person expected as a result. |
| **Part 6** | **Additional considerations** |
|  | Description of any other factors that you feel could be relevant to the application. |

**Part 1: Personal Details**

**The child or young person**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | | |
| Date of birth |  | | | Male / Female | | |
| Address |  | | | | | |
| NHS Number |  | | | Unique Pupil Number  (if known) | |  |
| Nationality |  | | | Looked After Child | |  |
| Languages  or preferred method of communication |  | | | Interpretation needed | | Delete as appropriate:  Yes / No |
| Mobile number  *(optional)* |  | | | Email Address  *(optional)* | |  |
| Name of current setting/school /college | | |  | | | |
| **The parents or carers** | | | | | | |
|  | | Parent/Carer One | | | Parent/Carer Two | |
| Names | |  | | |  | |
| Address | |  | | |  | |
| Telephone | |  | | |  | |
| Mobile | |  | | |  | |
| Email address | |  | | |  | |
| Languages  or preferred method of communication | |  | | |  | |
| Interpretation needed | | Delete as appropriate:  Yes / No | | | Delete as appropriate:  Yes / No | |

**Part 2: ‘All About Me’**

This section is to record the views, interests and ideas of the child or young person and his or her family. Click [**here**](https://www.oxfordshire.gov.uk/cms/content/education-health-and-care-plan-assessment) to see ways this information can be gathered and recorded or visit:

<https://www.oxfordshire.gov.uk/cms/content/education-health-and-care-plan-assessment>

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| Name of the person completing this section: |
| Relationship to Child: |

Add additional pages if necessary

**Part 2: ‘All About Me’: My family's views**

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| --- |
|  |
|  |
| Name of the person completing this section: |

Add additional pages if necessary.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 3: Education, Health and/or Care needs and support**  **1. The child or young person’s needs**  You should include as much detail as possible about the child or young person’s needs. This might include information about any diagnosis or up to date health needs, information from their last school report showing the levels that they are working at, and information about any care needs.   |  |  | | --- | --- | | **Information about needs** | **Tick if copy of a report is attached and list in section 4** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| **2. The child or young person’s support**  You should include as much detail as possible about the existing education, health and social care services and activities currently in place to support the child or young person. Consider contacting the SENCO or other appropriate professionals to help with this section.  **Education Support** | |
| List any education support, services, resources, activities etc that the child or young person receives. Include anything coordinated through their education setting, such as after school club. | Please describe why this has not been effective in improving the child or young person’s outcomes or is no longer sufficient |
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**Health Support**

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| --- | --- |
| Give details of the support provided by health services. | Please describe why this has not been effective in improving the child or young person’s outcomes or is no longer sufficient. |
|  |  |

**Social Care Support**

|  |  |
| --- | --- |
| Give details of the support provided by Children or Adult’s Social Care. | Please describe why this has not been effective in improving the child or young person’s outcomes or is no longer sufficient. |
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| **Part 4: Reports and assessments** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Please provide evidence of how well the child/young person has been progressing and any assessments that have already been carried out.  You may need to contact the SENCO at the education setting, school or college of the child or young person to obtain this information. You can also ask any professional who has been working with the child or young person for a copy of any assessments or report they have produced.  **Education reports and assessments**  Settings, schools and colleges use different records for reporting progress, for example Support and Outcomes plans, School Profiles, Individual Learning Records etc. Where possible provide evidence over the last 12 months. Include copies of reports from professionals who have given support. | | | | | | **Name of report or assessment** | | **Report/ assessment attached** | | **Name of the lead professional/ author of the report** | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | **Other reports and assessments from health and/or social care**  This could include copies of a diagnosis letter, report from a paediatrician, and care support plans | | | | | | **Name of report or** | **Report/ assessment attached** | | **Name of the lead professional/author of the report** | | | *e.g. My Support Plan (Adults Social Care)* |  | |  | | | *e.g. Healthcare Plan* |  | |  | | |  |  | |  | | |  |  | |  | | |  |  | |  | | | |

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| **Part 5: Desired outcomes** |
| Please include a description of why the application is felt to be necessary at this time and how an Education, Health and Care Plan would help. |
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| **Part 6: Additional Considerations** |
| Detail any additional circumstances that you feel should be considered with the application. These can include specific events or situations that may have caused a recent change in the emotional or physical wellbeing of the child or young person. For a **young person aged over 18 please explain why additional time is needed** to complete formal education or training. |
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