**[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)**.]**

**Write your address**

**Telephone number**

**Email address**

Oxfordshire County Council

**[Write date]**

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

**My name is (type your name here)** and I 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 (tick the box if you have completed the application)

I currently have a Learning Difficulties Assessment and wish to continue in education or training after August 2016.

**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 **[put in the date 6 weeks from the date of the letter].**

Please kindly acknowledge receipt of this letter by return.

Yours faithfully

**[your name]**

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**Application Form:**

**Education, Health and Care Needs Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Application for |  | | |
| Date of birth |  | Age |  |
| 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 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 [SEN@Oxfordshire.gov.uk](mailto:SEN@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 often made by a young person’s educational setting so you could ask your college to submit an application on your behalf. If you apply yourself your college will be able to help you to complete this application.

**Consent for information storage and sharing**

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

The information in this form will enable professionals to understand what help you may need. It will be necessary to share this information with appropriate professionals as part of the assessment. 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. By signing this form you consent to Oxfordshire County Council sharing the information you provide.

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|  | | |
| I am happy for information relevant to me to be shared between professionals from different services and organisations in order to carry out an EHC needs assessment. |  | **Signed** |
|  |

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 don't feel able to sign this page at this time, please contact SENDIASS to discuss your application and any queries you may have. |

**Your rights**

Oxfordshire County Councilis a data controller under the Data Protection Act 1998 and under the Act you have a right of access to the information we hold about you.

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.

|  |  |
| --- | --- |
| **Delete as appropriate**: | Email  Hard copy (letters)  Both email and hard copy |

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 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 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 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 the progress you have made.  The learning support manager at your 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 you 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 young person**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | | |
| Date of birth |  | | | Male / Female | | |
| Address |  | | | | | |
| NHS Number |  | | | Unique Pupil Number  (if known) | |  |
| Nationality |  | | | Care leaver | |  |
| 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 | | |  | | | |
| **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 you and your 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 young person: |

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 young person’s needs**  You should include as much detail as possible about your needs. This might include information about any diagnosis or up to date health needs, information from your last college report or assessments showing the levels that you 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 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 you. Ask your college to help with this section.  **A. Education Support** | |
| List any education support, services, resources, activities etc. that you receive. | Please describe how this has helped you to make progress. |
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**B. Health Support**

|  |  |
| --- | --- |
| Give details of the support provided by health services. | Please describe how this has helped you to make progress. |
|  |  |

**C. Social Care Support**

|  |  |
| --- | --- |
| Give details of the support provided by Social Care. | Please describe how this has helped you to make progress. |
|  |  |

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| **Part 4: Reports and assessments** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Please provide evidence of how well you have been progressing and any assessments that have already been carried out.  You may need to contact your tutor or the learning support manager to get this information. You can also ask any professional who has been working with you for a copy of any assessments or report they have produced.  **Education reports and assessments**  Colleges use different records for reporting progress, for example Support and Outcomes plans, Learner Profiles, Individual Learning Records etc. Where possible provide evidence over the last 12 months. Include copies of reports from professionals who have given support and also your Learning Difficulties Assessment. | | | | | | **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. If you are over 18 please explain why you think that you need additional time to complete your formal education or training. |
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