

When completed, please email to [**sensap@leeds.gov.uk**](mailto:%20sensap@leeds.gov.uk?subject=Submission%20of%20EHC1%20Proforma) or print and send to**SENSAP, Adams Court, Kildare Terrace, LS12 1DB**

**EHC3 Form**(in relation to an **Education, Health and Care assessment or plan**)



|  |  |
| --- | --- |
| I am a young person and I am using this form to: (please select) | |
| ☐☐☐ | Request a new Education, Health and Care (EHC) needs assessment for myself  Provide information for an EHC needs assessment that has already started  Provide information for an annual review or conversion meeting |
| Has anyone helped you to complete this form? If so, state who: | |



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| --- | --- |
| Leeds City Council takes its obligations under the Data Protection legislation (the General Data Protection Regulation and the Data Protection Act 2018) very seriously. The information you provide will be subject to rigorous measures and procedures to make sure that it cannot be seen, accessed or disclosed to anyone who should not see it. Our service also needs to use sensitive personal data relating to you (also called “special category data”) which requires more protection by us to keep it safe. Leeds City Council are the owner (data controller) of this information and therefore obliged to fully comply with the relevant Data Protection laws and regulations.  Any personal and sensitive information you provide will be collected, used, shared and held by Leeds City Council specifically for your assessment to ensure adequate support is provided to meet your special educational needs, to measure your outcomes and for local and national accountability and to develop and improve services and provision. We collect and hold your information to enable us to comply with a legal obligation, or because we are acting in the public interest or exercising a public task in our official authority.  Where appropriate and in order to best support you, we will share your information with other services in the Council and also with other relevant organisations, such as the NHS and schools. We will keep your personal information for 35 years from the date of first involvement in accordance with the Leeds City Council retention schedule.  Please note, we would like you to fully engage in this process, however there may be circumstances where we may use and share your information without your agreement, as we are legally required to do so if we believe there are significant concerns relating to your safety or wellbeing.  You have rights in respect of the information we hold about you, including the right to ask for access to your information or to withdraw from this process. Further information in respect of your rights is available at <https://www.leeds.gov.uk/opendata/your-rights>. To exercise any of your rights, please contact your SEN Casework Officer, or contact: [dpfoi@leeds.gov.uk](mailto:dpfoi@leeds.gov.uk); any One Stop Centre, or send to Information Management & Governance, PO Box 837, LS1 9PZ, and we will advise you of the procedure.  Further information in respect of your privacy and your information is available at: <https://www.leeds.gov.uk/privacy-statement/privacy-> notice. This includes contact information for the Council’s Data Protection Officer. A paper copy of this information is available on request. | |
| **Young person’s Signature:** | **Date:** |



|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name:** | | **First Names:** | |
| **Address:** | | **DOB:** | |
| **Telephone/Email:** | |
| **Gender:** | **Ethnicity:** | | **Religion:** |



|  |  |  |  |
| --- | --- | --- | --- |
| **Language used at home:**    **Please tick if you require support to access or interpret information:** ☐  **If so, please give details:** | | | |
| ☐ | **Please check the box if you are looked after by the local authority, or if you are a ‘care leaver’.** | | |
| **If so, or if have any other support from Social Services** (for example, if you have a Child Protection Plan, or if you have Direct Payments etc.) **please provide the name and details of the social worker, and the nature of this support:** | | | |
| ☐ | If you would like us to continue to send copies of letters, forms and related documents to your parents/carers or another advocate, please tick the box and enter their details below. | | |
| **Advocates’ names:** | | **Relationship to you:** | **Contact details (if different to your own):** |



Your ‘aspirations’ are things that you wish for in the future. They might be about learning a particular skill, being able to achieve something significant, getting a particular job, about relationships and family, money, independence, health or anything else that you can think of.

Enter text here

Enter text here

What steps need to be made in order to achieve your aspirations and dreams for your future?

What should we focus on achieving first, and by when?



Enter text here

Enter text here



What can others do with/for you, or give you, in order to achieve your goals and aspirations?

Please also include information about how you would like others to communicate with you and help you make decisions.



What are the things in life you couldn’t do without? What really makes you tick?

What would a ‘good day’ be like?

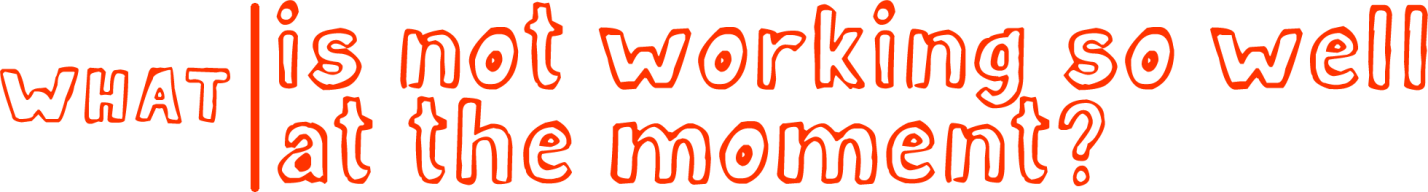


Enter text here

Enter text here

Please let us know some of the things in your life that aren’t currently working very well, or could perhaps work better.

Is there anything that your college / school / youth club / workers / family are currently supporting you with that you don’t particularly enjoy, or could be improved?



What are the things in your life that are going really well for you right now?

Is there anything that your college / school / youth club / workers / family are currently doing with you that is working well that others should know about?



Please let us know if there are any individuals, professionals or agencies that you would like us to ask for further information and advice about your needs, outcomes or provision. This could be a relative or family friend, a third sector or voluntary organisation (such as a sports club, an activity group or a charity), or an agency / therapist who is currently working with you.



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| --- | --- |
| Name:  Role / relationship:  Contact details: | Name:  Role / relationship:  Contact details: |
| Name:  Role / relationship:  Contact details: | Name:  Role / relationship:  Contact details: |
| Name:  Role / relationship:  Contact details: | Name:  Role / relationship:  Contact details: |
| Name:  Role / relationship:  Contact details: | Name:  Role / relationship:  Contact details: |

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EHC3Form |Updated: January 2019