

Early Identification & Notification Form

Pre-school Children with Special Educational Needs and/or Disabilities

CCGs, NHS Trusts and NHS Foundation Trusts MUST inform the appropriate Local Authority if they identify a child under compulsory school age as having or probably having a disability or special educational needs (Section 23 of the Children and Families Act 2014)

The purpose of this form is to advise the local authority of preschool children with/or who are likely to have a Special

<u>Child Details</u>									
Legal Forename					Date of birth				
Legal Surname									
Primary Address									
Postcode:									
Legal status (If applicable)	Looked After /Special Guardianship/Other (please Specify)								
<u>Parent/carer details</u>									
Full name									
Relationship to child									
Address (if different from above)									
Postcode:									
Contact number									
Email Address									
<u>Person completing the form</u>									
Name									
Job role									
Contact number									
<u>Special Educational Need</u>									
Please circle the SEN areas that the child has/may have									
SCLN	ASD	SEMH	HI	VI	MSI	GDD	PLMD	SLD	MLD
Other:									
Please list any relevant medical Conditions and /or diagnosis and attach copies of any medical report									
Diagnosis									
Medical condition									
If you require access to services provided by the Disabled Children's Service, including Early Support, please use the Children's First Contact Service form, found at https://www.sutton.gov.uk/info/200235/safeguarding-children/473/what-to-do-if-you-are-worried-about-a-child/2									
<p>The Data Protection Act 2018 (the Act) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education, local authorities, schools and other early education Service Providers. The Act gives rights to those about whom data is held.</p> <p>The council is committed to protecting and respecting your privacy. All information supplied is processed and securely stored in accordance with the General Data Protection Regulation, and we will only share the minimum information needed to enable those teams/agencies to provide appropriate support. For more information please refer to Customer Services Privacy, Cookies and Accessibility Information.</p> <p>For further information regarding data protection, please visit:</p> <p>https://cognus.org.uk/about-us/key-policies/gdpr/</p>									

We may share without consent in the following situations:

- If we need to find out urgently if a child is at risk of harm or we need to help a child who is at risk.
- If we need to help an adult who is at risk of harm.

Parental Consent

The parent / carer agrees to this information being held by Cognus Ltd on behalf of the Local Authority and agrees to the sharing of reports and information with other professionals and other agencies as necessary.

I understand the information gathered will be stored and used for the purpose of reviewing and planning appropriate services to meet individual needs of my child.

If there is any individual or organisation who you would not wish information to be shared with? Please give name and reason why:

By ticking this box, you are confirming that parent/carers has agreed to this notification and the sharing of child's medical report, where appropriate)

Child's Name

Parent/ Carer Name

Signature

Date

Please send the completed form securely to:

Early Years SEND Advisory Team, Cognus Limited, Denmark Road, Carshalton, SM5 2JG. Sen.cognus@nhs.net