



EDUCATION HEALTH CARE (EHC) PLAN PATHWAY – 0-25 YEARS

CONSENT TO REQUEST AND SHARE INFORMATION

This form seeks your consent to request relevant information from and share relevant information between professionals and partner agencies in Education, Health, Social Care and Voluntary organisations in order to submit a request for an EHC Plan. This information will be used to inform the decision making processes linked to the EHC Plan Pathway. **Please note if the young person is 16 or older they should sign the consent form themselves if they have the capacity to do so.**

Child/Young Person's Name:		Date of Birth:	
Child/Young Person's Address:			
Child/ Young Person's NHS number			
Name of Person/s with Parental Responsibility:			
Parent/Carers Address (If different)			

- I/We **give** consent for Nottinghamshire County Council to request from and share relevant information with Partner Agencies for the purpose of decision making, assessment and review of my/my child's needs in relation to **Education, Health and Social Care**.
I/we consent to information being requested and shared with:

Agency and named contact	Consent Y/N
Education Services including School, Nursery, Day Care setting, Educational Psychologist, School and Families Specialist Services	
GP for child / young person	
Health Visitor / School Nurse	
Community Learning Disability Team/District Nurse	
CAMHS	
Physiotherapist / Occupational Therapist / Speech and Language Therapist / Dietician / Other Therapist	
Community and/or Hospital Paediatrician	
Other Specialist Medical Staff	
Social Care including Social Work, Short Breaks, Early Help Unit	

Other named Agencies or Individuals

2.i) I agree to this referral for an EHC Plan being made and to the sharing of relevant information between any of the agencies referred to above for the EHC decision making process. This may include information, reports and assessments from Education, Health and Social Care professionals.

ii) I agree to the sharing of relevant information between agencies referred to above for the purpose of the EHC decision making process **except:** _____

iii) I agree that the information provided will be recorded electronically on the Nottinghamshire County Council's database and may be used by agencies as part of the planning process should an EHC Plan be agreed.

3. Signatures/Endorsements as appropriate

Please tick as appropriate:

- i) I am the young person named and am over 16. I give my consent to share relevant information:
- ii) I have Parental Responsibility. My child is under 16 and unable to make an informed decision about consent to sharing personal information:
- iii) I am acting in the 'Best Interests' of the young person in accordance with the requirements of the Mental Capacity Act to give formal consent to share relevant information :

Signed (On behalf of Child/Young Person):		Name:		Date:	
Relationship to Child/Young Person:					

Signed (On behalf of Child/Young Person):		Name:		Date:	
Relationship to Child/Young Person:					

*Additional signature box provided for where Parental Responsibility or Best Interests is shared

OR

Signed (Young Person): (if over 16)	Name (Young Person):	Date: