



## EHC 1 Part 4 - EHC Needs Assessment Declaration

<b>Name:</b>	
<b>Date of Birth:</b>	

As \_\_\_\_\_ requested that the Local Authority carry out an EHC Needs Assessment, the Local Authority is required to obtain your consent to seek and share reports about \_\_\_\_\_ from his/her school or education setting and other appropriate professionals who may be able to provide advice about \_\_\_\_\_'s education, health, and care needs.

By appropriate professionals, we mean those from health services, e.g., NHS organisations and other children's services agencies.

The Local Authority may also use the information to monitor, evaluate and develop services, however, it is important to emphasise that any statistics will be used in such a way that individuals cannot be identified from them.

If an EHC Needs Assessment is agreed, then you will also be able to ask for other people to be consulted if you wish.

All reports or advice obtained by the Local Authority during this process will be shared with you.

By signing this form you are agreeing to the gathering and sharing of information in accordance with the principles of the UK GDPR/Data Protection 2018 and the [SEND Code of Practice: 0 to 25 years](#). You may withdraw your consent for the gathering and sharing of this information at any time by notifying the named Local Authority contact on this form.

Please be aware, the local authority has a legal duty to share information without your consent if it is needed:

- to find out if a child or adult is at risk of harm or we need to help a child or adult who is at risk of harm; or
- for the prevention or detection of crime.

In addition, the Local Authority is also allowed to share the EHCP without consent for the specified purposes as detailed in Chapter 9.211 Of the [SEND Code of Practice: 0 to 25 years](#).

For further information on how the Local Authority handles personal information it gathers, see [Derbyshire County Council - Privacy Notices](#).

<b>Name and contact details of your GP:</b>	
<b>Child's NHS Number:</b>	

### Declaration:

\_\_\_\_\_ agree for the Local Authority to seek advice about \_\_\_\_\_'s special educational needs from appropriate professionals and to share these reports with contributors to EHC Needs Assessment and EHC Plan. \_\_\_\_\_ understand that any information obtained by the Local Authority for this purpose will always be shared with \_\_\_\_\_.

<b>Signature:</b>	
<b>Name:</b>	
<b>Date:</b>	

## **Form Submission**

**For faster processing, please return this form by email to:**

**[SendAssessments@derbyshire.gov.uk](mailto:SendAssessments@derbyshire.gov.uk)**

**Or, by Post to:**

**FAO: SEND Assessment Casework**

**Special Educational Needs and Disability Assessment Team**

**Children and Younger Adults Department**

**Derbyshire County Council**

**County Hall**

**Matlock**

**Derbyshire**

**DE4 3AG**