**EARLY YEARS INCLUSION SUPPORT TEAM (EYIST)**

Brent Civic Centre Engineers Way, HA9 0FJ

Tel: 020 8937 5828

**INITIAL CONSULTATION FORM AND PARENT/CARER CONSENT**

***To be completed by the setting***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Childs’s First Name\*:** | | | **D.O.B\*:** | | **Age** *(in months):* | | **Gender\*: M / F** |
| **Surname\*:** | | |
| **Name of Setting\*:** | | | | | | | |
| **Name of SENCO:** | | | | **EYIST Coordinator\*:** | | | |
| **Date of initial EYIS contact\*:** | | | | **Date SEN support started\*:** | | | |
| **Date of Admission\*:** | | | | **Previous Setting** *(If applicable)***:** | | | |
| **Attendance type\*:**  **Full Time 🞏**  **Part Time 🞏** | **Days/times of attendance:** | | | | **Keyworker:** | | |
| **Name of Parent/Carer\*:***Mr/Mrs/Miss/Ms* | | **Email Address:** | | | | **Phone Number(s)\*:** | |
| **Name of Parent/Carer:** *Mr/Mrs/Miss/Ms* | | **Email Address:** | | | | **Phone Number(s):** | |
| **Home Language(s)\*:** | | **Religion\*:** | | | | **Ethnicity\*:** | |
| **Home Address\*:** | | **GP Name & Address\*:** | | | | **Health Visitor Name & Address:** | |
| **Significant pregnancy and birth history including prematurity (e.g. Gestation weeks)** | | | | | | **Looked after child Y/N**  **Child in Need Y/N**  **Child Protection Y/N**  **Contact -** | |

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| --- | --- | --- | --- |
| ***Please tick ONE main area of concern and highlight the specific area*\*** | | | |
| ***Communication and Interaction*** *(e.g. Speech language and communication needs, autism)* |  | ***Social, Emotional & Mental Health (SEMH****) (e.g. conduct disorders, mood disorders e.g. depression/ anxiety, eating disorders, self-injury)* |  |
| ***Cognition and Learning*** *(e.g. global developmental delay, specific learning difficulty, moderate learning difficulty, severe learning difficulty, profound/multiple learning difficulty)* |  | ***Sensory and/or Physical*** *(e.g. hearing impairment, visual impairment, multi-sensory impairment, physical disability)* |  |
| *Other: e.g. Medical needs* |  |  |  |

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| **Initial Concerns:**  (Please give specific details regarding areas of need i.e. physical, emotional, social, language, cognitive)  1.  2.  3. |

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| **Relevant background information:** |

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| **Strategies already tried:** |

**Professionals involved**: (attach additional sheet if required)

**Name Agency Contact Report Obtained**

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| **What advice would you like from the Early Years Inclusion Support team?** |

Signature EYIS Coordinator: ………………………….. SENCO: ………………………………………….

Do you know about Brent's Local Offer? This is a single point of information and advice for children and young people from 0 to 25 with special educational needs and disabilities (SEND) and their families.

<https://www.brent.gov.uk/localoffer>

**SENDSS Consent and Privacy Notice**

**FAMILY’S VIEWS**

**Where possible, please capture the Child/Young Person’s views of the referral being made:**

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|  |

**Where possible, please capture the Parent/Carer’s views of the referral being made:**

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**WE GIVE CONSENT FOR THE INVOLVEMENT OF THE BRENT EARLY YEARS INCLUSION SUPPORT TEAM**

**Parent/Carer’s Signature**

|  |  |  |
| --- | --- | --- |
| **Signed** | **Name** | **Date** |
|  | **Mr/Mrs/Miss/Ms** |  |

**CONSENT FOR INFORMATION SHARING AND STORAGE**

I understand the information that is recorded on this form will be stored and shared for the purpose of providing services to:

Me  An infant, child or young person for who I am a parent/carer

I agree to the sharing of information, other than with those services and/or professionals detailed below

Yes  No

**Information should not be shared with the services and/or professionals detailed below:**

|  |
| --- |
|  |

**Parent/Carer’s Signature**

|  |  |  |
| --- | --- | --- |
| **Signed** | **Name** | **Date** |
|  | **Mr/ Mrs/ Miss /Ms** |  |

*You are providing your information to Brent Council, contact details Brent SEN Specialist Services, Brent Civic Centre, Engineer’s Way, Wembley, HA9 0FJ. The Council’s Data Protection Officer can be contacted via* [*dpo@brent.gov.uk*](mailto:dpo@brent.gov.uk) *, or 020 937 1402. Your information is collected for the purpose of providing specialist SEN advice and support, as required to fulfil the council’s duties under the Equality Act 2010, the Children and Families Act 2014 and the SEND Code of Practice 2015.*

*The information will be shared with other Council services and partnership organisations to ensure that any assessment, advice and provision is accurate and that your child or young person receives the appropriate and holistic support required. Information will be obtained from other Council services, Health, Social Care, and Education as appropriate. The information shall be retained until your child’s twenty-fifth birthday and shall be processed in adherence to your/their legal rights, including but not limited to the right to withdraw consent, right to copies of your/their information and right to be forgotten. You have a right to lodge a complaint with the Information Commissioner’s Office (*[*www.ico.org.uk*](http://www.ico.org.uk)*).*

*Further information can be found at* [*www.brent.gov.uk/privacy*](http://www.brent.gov.uk/privacy)