

# BEXLEY INFORMATION, ADVICE & SUPPORT SERVICE (IASS)

# Referral and Consent Form

IASS are statutory services offering free information, advice and support to parents and carers of children and young people with special educational needs (SEN) from birth to age 25. Young people aged 16+ with SEN are very welcome to also contact the service.

This referral and consent form can be completed by a:

* child/young person’s parent/carer (the person who has parental responsibility)
* young person aged between 16 and 25 years

## Form Submission

Please return this completed form to:

## By Post to:

## It is recommended that you use a tracked or ‘signed for’ service due to confidential information to:

Bexley Information, Advice and Support Service (IASS)

London Borough of Bexley, Civic Offices, 2nd Floor East,

2 Watling Street, Bexleyheath, DA6 7AT

## By Email:

It is recommended for security as this form contains confidential information, that a secure email system is used. For example, Egress Secure Email. Visit <https://www.egress.com/why-egress/free-users> to find out more. Email: bexleyiass@bexley.gov.uk

## By hand delivered:

Please hand into the Civic office reception at the postal address above.

If you need support to complete this referral and consent form, please contact us.

**Bexley Information, Advice and Support Service (IASS)**

Phone: 020 3045 5976

Email: bexleyiass@bexley.gov.uk

Website: <https://www.bexleyiass.co.uk/>

Alternatively, you can complete this form on-line via our website:

<https://www.bexleyiass.co.uk/self-referral-and-consent-form/>

Bexley IASS will contact you within 3 working days of receiving your referral and consent form to discuss your situation further.

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| Section 1: Servicer User: |
| Service User:This referral and consent form is being completed by (please tick one box):* I am the child/young person’s parent/carer (the person who has parental responsibility) [ ]
* I am a young person aged between 16 and 25 years [ ]
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| Have you contacted Bexley IASS before? (please tick one box):* Yes – with an existing issue [ ]
* Yes – this is a new issue [ ]
* Yes – is was regarding a different child/young person [ ]
* No – this is the first time I have contacted Bexley IASS [ ]
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| How did you hear about Bexley IASS? |
| Consent to contact professionals (please tick one box):* No - not required at stage of presenting issue [ ]
* Yes - by ticking this, I confirm I am the parent/legal guardian or the young person aged over 16 and consent to Bexley IASS contacting relevant professionals to request information and act on my behalf if required regarding my situation/issue [ ]
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| By submitting this form, I agree to my information being stored under the Bexley IASS privacy policy in accordance with General data Protection Regulations (GDPR) regulations and to being sent relevant information including service feedback surveys:Signed:  |

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| Section 2: Parent/Carer’s (with parental responsibility) details: |
| Name: |
| Home address (including postcode): |
| Telephone number (home): |
| Telephone number (mobile): |
| Email:  |
| Optional - Ethnicity: |
| First language:Is an interpreter required? Yes / NoIs a translation of written documents required? Yes / No |
| Optional - Do you have a disability? Yes / NoIf yes – what reasonable adjustments do you require in order to access our service? |
| Section 3: Child/ Young Person’s details: |
| Child/Young Person’s Name: |
| Home address (including postcode) – if different from above: |
| Telephone number (only complete if you are the young person service user): |
| Email (only complete if you are the young person service user):  |
| Date of birth: |
| Optional - Gender: |
| Optional - Ethnicity: |
| First language:Is an interpreter required? Yes / NoIs a translation of written documents required? Yes / No |
| Name of education setting (nursery/school/college/post 16/post 18): |
| Year of education (i.e. reception/year 1/year 2 etc): |
| Primary Need: |
| Secondary Need: |
| Level of Support (please tick):* Special Educational Needs (SEN) Support [ ]
* Education, Health and Care (EHC) Plan [ ]
* Don’t know [ ]
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| For children/young people with an EHC Plan only:What is the name of your allocated SEN Case Officer?What was the date of your last Annual Review? |
| Please list any involvement with other services – for example: Early Intervention Team, Statutory Assessment Service, Children with Disabilities Team, Child and Adolescent Mental Health Service (CAMHS), Oxleas/Health, Family Wellbeing and/or Education Welfare/Inclusion.  |

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| Section 4: Presenting Issue: |
| Please tick any relevant issues* SEN Support – understanding [ ]
* SEN Support – lack of [ ]
* EHC Plan Needs Assessment – application and process [ ]
* EHC Plan – content [ ]
* EHC Plan – Annual Review [ ]
* EHC Plan – Appeals [ ]
* Health / Medical [ ]
* Social Care [ ]
* Other (please state)
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| Section 5: Information, advice and support sought: |
| Please state the information, advice and support you are seeking from Bexley IASS |

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| Section 6: To be completed by IASS staff only: |
| IASS information, advice and support given: |
| Outcome: Service User Number: |
| Form completed by/with: |
| Form received – date:  |
| Form received by: Email: [ ]  Post: [ ]  Face to face: [ ]   |