

Request for involvement Form

Important guidance on completing and submitting your request for Enfield Educational Psychology Service

This form is to be used by a school/college/educational setting to request a **new cycle** of educational psychologist (EP) involvement for a child or young person, regardless of whether they have an Education, Health and Care Plan (EHCP) or not.

For schools, this form should only be completed following a discussion with the school link EP.

Confidentiality:

This form is confidential to the child or young person, parents/carers¹ responsible for them and those professionally involved with the child/young person. The form contains private and personal information and must be kept secure.

It is your responsibility to ensure the parent/carer with parental responsibility (and where appropriate the child/young person) fully understands the purpose of the request.

Agreement for the request should also be obtained from the child/young person where they are over 16 and have the ability to understand the purpose of the request, the process to be followed and are able to give consent.

The agreement declarations on pages 4 and 5 must be signed as appropriate by the parent/carers with parental responsibility and the child/young person where they are over 16 and able to give consent.

If there is insufficient space on the form please use additional sheets and include relevant reports and other documents with your submission.

Completed forms and accompanying documents can be sent to:

Enfield EPS, Civic Centre D Block, Silver Street, Enfield EN1 3XA

Or emailed to: EPS@enfield.gov.uk

¹ For children who are looked after by the Local Authority, consent must come from the named social worker.

Request for involvement Form

1. Requester details

Name:		Position:	
Service/school/setting and address:		Phone:	
		Email:	
		Date:	

Are you aware of any safeguarding issues that the EP should be aware of? If yes, please provide details

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2. People who have parental responsibility

First and last name:	
Relationship to child/young person:	
Address & post code:	
Home phone number:	
Mobile phone:	
Email:	

First and last name:	
Relationship to child/young person:	
Address & post code:	
Home phone number:	
Mobile phone:	
Email:	

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3. Child/young person's details

First name:		Family name:	
Date of birth:		Other names known by:	
Child/young person's ethnicity:		Child/young person's primary language (s):	
Child/young person's sex assigned at birth:			
Child/young person's preferred pronouns (she/her; he/him; they/them):			
Child's religion:			
NHS number if known:			
UPN number if known:			
Address and postcode:			
Phone number at this address:			
Child/young person's mobile phone number if relevant:			
Name of current school or setting:			
Information that might assist EPS (e.g. disability, interpreter needed).			

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4. Purpose of EPS involvement

What support would you like from the educational psychologist?

What outcomes would you like for the child or young person?

Agreement to share information

The Educational Psychology Service aims to work collaboratively with our partners to provide the best support we can for our children/young people with SEND. This often involves sharing information with other services. Please indicate here any other services who are involved in supporting the child/young person or family. If the parent/carer with parental responsibility agrees that the EPS can liaise with the services listed, please answer *yes*. If the parent/carer with parental responsibility does not give this consent, please answer *no*.

Where the EPS has an immediate serious concern about a child's welfare they may share information without consent. This will only be done when seeking consent would put a person at increased risk of harm, prejudice the prevention, detection or prosecution of a serious crime or lead to an unjustifiable delay in making enquiries.

Service	Name of professional	Contact details	Consent to contact? (Please delete Yes/No)

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Consent for educational psychology involvement

The information which you supply to us will be used to process your request to us, provide you with services and personalise our service to you.

The educational psychologist may work with, consult or gather information from those involved with the child or young person. They may also work with the child or young person themselves, such as observing, doing direct work or assessment, or offering intervention or therapeutic work.

As part of a professional training process or for a specific intervention (such as Video Interaction Guidance) we may wish to share information with an external educational/training provider. Where we wish to do this, we will separately explain the purposes, request your informed consent and record your response.

Privacy Notice

Your personal information is securely stored on our IT systems at the London Borough of Enfield. We keep this information until the child or young person reaches 25 years old.

We may share information with others involved with the child or young person. The lawful basis for this is your consent.

We may wish to contact you to obtain feedback about our service or provide you with information about our services. Please tick if you consent to us contacting you

If you have a concern about the way we are collecting or using your data, we request you raise your concern with us in the first instance. Alternatively, you can contact the Information Commissioners Office at <https://ico.org.uk>

Agreement to submission of request for involvement

I/we have understood the purpose of this request for involvement of EPS, and agree to the EP being involved with my/our child. I/we agree to relevant reports and other documents held by the school being submitted with this request.

Sign/type/image of signature by parent(s)/person(s) with parental responsibility			Date
Sign or type	Upload image		
sign or type	Upload image		
Sign/type/image of signature by child/young person (if over 16 and able to give consent).			Date
sign or type	upload image		

For the agreement signatures do one of the following:

Sign: Consent giver signs a copy of this form which is scanned and emailed to EPS@enfield.gov.uk

Type: Type in the consent giver's name and forward an email that the consent giver has sent to you i.e. the school, confirming their consent. Forward this email to EPS@enfield.gov.uk

Image: Insert image of signature in box and email the form to EPS@enfield.gov.uk