LONDON BOROUGH OF TOWER HAMLETS

Special Educational Needs Section

 (Please return to the SEN Section, 5th Floor Mulberry Place, London E14 2BG)

or sen@towerhamlets.gov.uk

|  |  |  |  |
| --- | --- | --- | --- |
| Child or young person’s first name |  | Date of Birth |  |
| Child or young person’s Surname |  | Gender | M / F |
| Names of parents/carers |  |
| Telephone |  | Email address |  |
| Address including post code  |  |
| Contact details if different from above |  |
| Languages spoken at home |  | Ethnicity |  |
| Interpreter needed? |  Y / N |
| Current placement  |  |
| Name of person notifying the LA |  |
| Title/position held, if any |  |
| Contact details  |  |

|  |
| --- |
| Please explain briefly why you are notifying this child or young person to the local authority and **attach any relevant reports or other information.** |
|  |

Please provide the names & contact details of other professionals and /or agencies involved.

|  |  |
| --- | --- |
| **Name of Professional or agency** | **Contact details** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| On what date was parental permission obtained to notify education? |  |

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_