

0808 164 5504

info@hampshiresendiass.co.uk

**Request for Support from Parents and Young People**

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| **Date:**  |
| **Child/Young Person First Name:**  | **Child/Young Person Surname:** |
| **Gender: Male/Female**  | **Child/Young Person Date of Birth:** |
| **School/College/Employment:** | **Name of Parent/Carer** |
| **Parent’s contact details:****Telephone:****Home:****Mobile:** | **Email:** |
| **Please briefly describe what you would like to discuss with us:** |
| **Name of professional supporting request:****Role:**  |
| **SIGNATURE OF PARENT/GUARDIAN REQUESTING SUPPORT** *(if you’re not meeting face-to-face, the professional can submit unsigned but must confirm in this box that the referral is being made with the parent’s knowledge and consent)***:**  |
| **SIGNATURE OF YOUNG PERSON IF 16 OR OVER** *(if you’re not meeting face-to-face, the professional can submit unsigned but must confirm in this box that the referral is being made with the young person’s knowledge and consent)***:** |

**Please send this form to Hampshire SENDIASS**

**Email:** info@hampshiresendiass.co.uk

*This form is for parents and young people who are looking for information, advice and support on SEN and Disability matters. We only take referrals directly from parents or young people but please feel free to help the parent and/or young person complete the form and ask for their signature before scanning and emailing or posting to us. Please note, one-to-one support will only be available to children and young people with SEND, and parents who are unable to advocate for their child.*

**On receipt of this form Hampshire SENDIASS will contact the parent/young person by phone in 2 working days.**