

Request Form for the SEMH High Needs Team

The SEMH High Needs Team is a team of professionals from the 0-25 SEND Service, including Social, Emotional and Mental Health Advisory Teachers from the Specialist Inclusion Support Service (SISS), Inclusion Support Practitioners (ISPs) and Educational Psychologist from Community and Educational Psychology Service (CEPS)

The team provides bespoke support for pupils who are at risk of permanent exclusion from school. In order to complete this request form please also see the following guidance:

1. SEMH High Needs Pathway Checklist
2. SEMH High Needs Pathway Request Flowchart
3. SEMH High Needs Pathway Overview

This form can be scanned and emailed. Please return completed forms to:

SEMH High Needs Requests:: semhnn@solihull.gov.uk

If you have any other queries regarding this form please call: 0121 704 6690

1. Child's Details *(School to complete sections 1-5)*

Child's Name:	Preferred Name:	
Address:	DOB:	Male / Female
	Is this child looked after by local authority? Yes / No	Age:
	Year Group:	
	School name:	

2. Parent/Carer Details

Please provide full names and addresses (if different) of each Parent/Carer for the child. Please indicate who has parental responsibility.

A. Name:	B. Name:
Relationship to child:	Relationship to child:
Address:	Address:
Postcode:	Postcode:
Contact No:	Contact No:
Mobile No:	Mobile No:
Email address:	Email address:

3. Name and details of person making this request:			
Name:		Contact email:	
Designation:		Contact No:	
Signature: Date:			
4. Further Information: Does this child/ young person have/ receive...			
School Support	Yes / No	EHC Plan / Statement	Yes / No
5. Further evidence detailed in the 'Referral Checklist' has been provided			
YES/NO			
<p>The Planning meeting for the SEMH team, parents, teacher and any other TAC meeting attendees will take place on Wednesdays where possible. Please identify two dates in week 3 & 4* from the date this request is sent for this meeting below:</p> <p>(* if you are making this request on the 1st of the month, you would identify dates in w/b 15th and 22nd. Currently Wednesday mornings are sessions where we hope to ensure SISS and EPs can attend)</p>			
Meeting date 1:		Meeting date 2:	
<p>The following factors will delay the request:</p> <ul style="list-style-type: none"> • Incomplete information provided • Inability to authenticate current address and phone numbers <p>Please Note:</p> <ul style="list-style-type: none"> • Parental Consent: <u>No referral will be accepted without consent</u> 			

PARENTAL CONSENT FORM

Any information that you or your child/ young person provides on this form or whilst using our services will be used by the SEMH High Needs Team to help us tailor services for your child. Information will be treated as confidential, and stored in a secure way. It will only be shared with other council services and partner organizations to ensure our records are kept accurate and to help us identify other services your child may be entitled to. The staff from the team working with your child will report on assessment and or intervention findings and discuss with you, and your child/ young person's school/nursery the action and support which will need to follow. In order to work effectively, the team liaises with other services working with a child/ family and shares any written advice with professionals involved in the Team working Around the Child or young person.

We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information please refer to the Council's Privacy Statement on www.solihull.gov.uk and <https://www.solihull.gov.uk/About-the-Council/Data-protection-FOI/Solihull-Council-Statement/Childrens-Services-and-Skills/Special-Educational-Needs-and-Disabilities>

Your records will be kept for 25 years for audit purposes and in the event we need to provide information about the service you have received.

	Yes	No
• I confirm I understand why you want my information and I have had the opportunity to consider this.	<input type="checkbox"/>	<input type="checkbox"/>
• I agree that the information will be shared with other professionals who are already involved with my child, or other agencies that may become involved in the course of any support offered to my child. This will be done in accordance with Solihull's MBC Information Sharing Protocols. This will only be information that is relevant and necessary and will only be shared with people who need that information at that time.	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|--|--------------------------|--------------------------|
| • I understand I can opt out and withdraw my consent at any time by contacting the 0-25 Children and young People's Service Business Support Unit on 0121 7046690 or via email at sissadminoffice@solihull.gov.uk . | <input type="checkbox"/> | <input type="checkbox"/> |
| • I give consent for you to record and hold my information for the purposes explained to me. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I consent to my child receiving the services provided by the SEMH High Needs Team | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Parent/Carer: _____ (please print)

Signature: _____

Email Address: _____

Date: _____

Contact details

Should parents/ carers have any queries about this form you can contact Melissa Jones and Jane Shaw, SEMH High Needs Team at SEMH High Needs Requests, Elmwood Place, 37 Burtons Way, Smiths Wood B36 0UG or email: semhnn@solihull.gov.uk