**Child/ Young Person’s Referral Form**

I would like a SENDIASS caseworker to support me with my Education Health and Care plan (EHC) or getting support in school/college

|  |  |
| --- | --- |
| **Name of young person**  | **Address and Telephone Number**  |
|  |  |

|  |  |
| --- | --- |
| **Name of parent/carer (if relevant/or young person under 16 years)** | **Address and Telephone Number (if different)** |
|  |  |

**Young Person to sign:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return to:-**

**SENDIASS**

**NE Lincs**

**11 Dudley Street**

**Grimsby**

**DN31 2AW**

**Call us on 01472 355365**

**Or email nelincs@barnardos.org.uk**

[www.barnardossendiass.org.uk/north-east-lincolnshire-sendiass/](http://www.barnardossendiass.org.uk/north-east-lincolnshire-sendiass/)

[NE Lincs SENDIASS - PART 1](https://youtu.be/0nyai8EPxqc)

[NE Lincs SENDIASS - PART 2](https://youtu.be/HLLsYwKyvB0)