

**Initial Assessment Form** Date of Contact………………………………..

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| **Personal Details - Parent/Carer/s** |
| Name: ……………………………………….……. Name……………..…………..………….……… Address: ………………………………………………………………………………………….………………….. Town: ……………………………………..……………………………...…… Postcode: ...………………….. Home Tel: …………… …………………..…...….. Mobile: ……………………………………………………….Email address: ……………...…………..…….………@…………………………….……………………………. |
| **Personal Details - Child** |
| Name: ……………………………………………………………………Address: ………………………………………………………………………….Town:……………………………………………………………………….. Postcode………………………………Date of Birth: ………………………………School currently attending…………………………………………..Gender:……………………………………..Diagnosis:……………………………………………………………….Professionals Involved: ……………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Education Health Care Plan in Place: Yes □ No □Referral details: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. |

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| **Child’s Ethnicity** |
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| **White:**1.English/Welsh/Scottish/Northern Irish/British □ 2. Irish □ 3. Gypsy or Irish Traveller or ROMA □ 4. Any other White background □ If you tick box 4 please specify your ethnic identity: …………………………………………………………………….. **Mixed /Multiple Ethnic Groups:**5. White and Black Caribbean □ 6. White and Black African □7. White and Asian □ 8. Any other Mixed/Multiple ethnic background □ If you tick box 8 please specify your ethnic identity: …………………………………………………………………….. **Asian/Asian British:**9.Indian □ 10. Pakistani □11. Bangladeshi □ 12. Chinese □1. Any other Asian background □

If you tick box 13 please specify your ethnic identity: ……………………………………………………………………..**Black/African/Caribbean/Black British:**1. African □ 15. Caribbean □
2. Any other Black/African/Caribbean background □

If you tick box 16 please specify your ethnic identity: ……………………………………………………………………..**Other Ethnic Group:**1. Arab □ 18. Any other ethnic group □

If you tick box 18 please specify your ethnic identity: ……………………………………………………………………..  |
| **Data Protection Statement and Privacy Notice** |
| **Data Protection Act 2018.** Data Protection Act 2018. All information you have provided will be held in manual and electronic formats and only be used in line with the Data Protection Act 2018. The information will only be used to contact you with regards to SENDIASS, we may have to share your information with other agencies to enable us to refer you and your family on to. We will keep the information ‘live’ on our information systems for as long as you are registered with us and will keep archived information for the length of time required by funders for audit purposes only. You have the right to withdraw consent to part or all of the above at any time by contacting Clair Bloomfield details below.Community CVS is the trading name of Blackburn with Darwen Council for Voluntary Service, who is the data controller and is registered on the Data Protection Register (Z1938345). We will not share or divulge your details to any other third parties without your expressed consent. You have a right to access your information by writing to Clair Bloomfield, Community CVS, Boulevard Centre, 45 Railway Road, Blackburn. BB1 1EZ email: clair.bloomfield@communitycvs.org.uk Tel: 01254 583957. **Please sign below to confirm you have read and understood the above** Parent/Carer Signature: ………………………………………………………… Date: : ……………………… |