

Somerset SENDIAS

Special Educational Needs & Disability Information, Advice & Support

A free impartial service for children and young people with SEND (aged 0-25), and their parent carers











Request for Support Form – young person

You can ask for information, advice and support from Somerset SENDIAS if you are aged 16 to 25 and have special educational needs or a disability (SEND).

Somerset SENDIAS can help young people in different ways e.g. information about help you could get for your SEND, support at a school or college meeting.

You can ask someone you know to help you complete this form.

Young person's details

	Name:.....
	Date of birth:.....   Male <input type="checkbox"/> or Female <input type="checkbox"/>
	Address:..... Postcode:.....
	Home phone number:.....
	Mobile phone number:.....
	Email:.....
	Home language:.....
	Name of your school / college:..... Year group:.....

Somerset SENDIAS

The Holway Centre, Byron Road, Taunton TA1 2JD

01823 355578 info@somersetsend.org.uk www.somersetsend.org.uk

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As a young person (aged 16 to 25), you can choose for your parent carer(s) to be part of your support or not.

Or you can choose to have someone to represent you. This person would be known as an **advocate** (see **Meanings** below).

Tick your choice below ✓		
<input type="checkbox"/> I choose to have my parent carer(s) as part of my support.	or	<input type="checkbox"/> I choose to have an advocate to represent me
<input type="checkbox"/> I do not choose to have my parent carer(s) as part of my support.		

Meanings

Advocate	An advocate would talk to you about your thoughts and wishes and would share these with the people supporting you on your behalf. The advocate you choose could be someone you know and trust already. Or you could choose someone from an advocacy service.
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Tick your choice below ✓	
Details for my parent carer(s) <input type="checkbox"/> or advocate <input type="checkbox"/>	
	Name:.....
	Address:.....
	Postcode:.....
	Phone number:.....
	Email:.....
	Relationship to you:..... Parental responsibility: Yes <input type="checkbox"/> / No <input type="checkbox"/>

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Please tell us about your special educational needs or disability:

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How do you think our information, advice and support can help you?

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What other services are helping you?

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How did you hear about Somerset SENDIAS?

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- I am happy for Somerset SENDIAS to let my school / college know I am being helped by your service. Yes No
- I understand that information about me will be kept on a database. I can ask for this information.
- I understand that everything I tell Somerset SENDIAS will be kept confidential. My information will not be shared outside Somerset SENDIAS unless I agree.*

*If you tell us something about a risk of harm to you or other people, we will have to share this information outside Somerset SENDIAS.

When possible, we will get you to agree to this information being shared.



Signed:..... Date:.....

Please send this form to us at the address below.



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