#### **City of York Council website home page – City of York CouncilPost 16 Transfer Preference Form for Young Person with an**

#### **Education Health and Care Plan (EHCP)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Young Person Details** | | | | | |
| Name of Young Person | |  | | | |
| Date of birth (DD/MM/YYYY) | |  | | | |
| Young Person’s Mobile (if applicable) | |  | | | |
| Young Person’s Email (if applicable) | |  | | | |
| Address | |  | | | |
| Preferred method of contact during transition process | | Young Person’s Mobile | Young Person’s Email | Parent/Carer home address | Parent/Carer email |
| Current school of Young Person | |  | | | |
| **Parent/carer details 1** | | | | | |
| Name | |  | | | |
| Telephone | |  | | | |
| Email | |  | | | |
| **Parent/carer details 2** | | | | | |
| Name | |  | | | |
| Telephone | |  | | | |
| Email | |  | | | |
| **Preferred choice of Post 16 Settings** Include any requests for settings in other Local Authorities | | | | | |
| 1st preference - Setting name and preferred course (if known) | |  | | | |
| 2nd preference - Setting name and preferred course (if known) | |  | | | |
| Additional information (please include any other preferences in this box too) | |  | | | |
| Please tick | **Declaration** | | | | |
|  | I confirm that I wish for the above settings to be considered for naming on my child’s Education, Health & Care Plan. | | | | |
|  | I certify that I am the person with parental responsibility and this pupil lives permanently in City of York | | | | |
|  | I understand that City of York Council will consult with the settings of my choice and share information as required under the provisions of the Children & Families Act 2014 and the DfES guidance on Special Educational Needs before naming a school on my child’s EHC Plan | | | | |
|  | I confirm that I have read and understood the SEND Team privacy notice and that my personal information will be used as described in it [Special Educational Needs and Inclusion Services Privacy Notice – City of York Council](https://www.york.gov.uk/privacy/SpecialEducationalNeeds) | | | | |
| **Signature of parent / carer** | |  | | | |
| **Date** | |  | | | |
| If using young persons contact details as main contact please complete the section below | | | | | |
|  | I confirm that I have read and understood the SEND Team privacy notice and that my personal information will be used as described in it [Special Educational Needs and Inclusion Services Privacy Notice – City of York Council](https://www.york.gov.uk/privacy/SpecialEducationalNeeds) | | | | |
| **Signature of young person** | |  | | | |
| **Date** | |  | | | |