#### **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)**

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| **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**  |  |