



# THE CONSORTIUM OF GRAMMAR SCHOOLS IN SHROPSHIRE, WALSALL AND WOLVERHAMPTON

## Equality Act 2010 - REQUEST FOR SPECIAL ARRANGEMENTS

PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLACK INK

Please be advised that we will not accept any applications for special consideration under any circumstances after the 14<sup>th</sup> of June 2024, and please be advised that an incomplete form will not be accepted, and your application will be declined. We will not accept information regarding your child's SEND without the completed SEND Consortium Form.

CHILD'S SURNAME		FORENAME(S)
	DATE OF BIRTH	CURRENT SCHOOL
CHILD'S		

I Parent/Carer\* ....., of the following address

.....

..... Post code .....

(\* delete as appropriate)

wish to apply for special arrangements or reasonable adjustments to be made for my child in the selective testing arrangements of the Consortium of Grammar Schools in Shropshire, Walsall and Wolverhampton.

**Details of your child's disability /special educational requirements**

Describe in your own words the nature of your child's disability and/or special educational needs.

How long has your child had this disability or need?

Please describe the effect of your child's disability or special needs has upon their ability to carry out day to day activities both in and out of school (please use a separate sheet if needed)

**Evidence of your child's disability/condition**

All requests for special arrangements are assessed by the Consortium's independent Educational Psychologist. It is very important the parent/carer of the child submits all relevant evidence of the child's disability/condition **before the deadline for applications (14<sup>th</sup> of June 2024)**. This must include as much third-party evidence as possible, for example from a qualified Doctor/Specialist Consultant, a Local Authority, etc. It is your responsibility as parents/carers (and not the Consortium Schools) to provide all relevant evidence. You may wish to enclose the following documents – please indicate which are enclosed. All evidence should be less than 18 months old since the date it was issued.

<ul style="list-style-type: none"> <li>Your Local Authority Education, Health and Care Plan (or Statement of Educational Needs if this is not yet available)</li> <li>Your child's school's SEN support plan (if applicable)</li> <li>Your child's most recent Local Authority Assessment or Individual Education Plan (IEP)</li> <li>A Notice in Lieu of Statement/Education, Health and Care Plan</li> <li>Letters or reports from your GP/Consultant</li> <li>Any other documents which are appropriate (details below)</li> </ul> <p>.....</p>	<p>Enclosed (please delete)</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>PLEASE SEND COPIES (NOT ORIGINAL DOCUMENTS)</p>
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Later on this form you will be asked to obtain a written statement from your child's school.

Please state what reasonable adjustments or special arrangements you are seeking for your child within the test situation, and why you feel he or she needs these.

**Statement and consent of parent/carer:**

The information I have supplied is to the best of my knowledge and belief accurate and true in all material respects. I understand that any misrepresentations may lead to the offer of a place for my child at the chosen school being withdrawn. *I consent to the Consortium forwarding to the independent Educational Psychologist all evidence submitted in support of the request for special arrangements.* I also consent to the Consortium, or its Educational Psychologist adviser, contacting representatives of my child's primary school, and/or Local Authority *and/or medical professionals or any other such professionals that have provided information in support of the request for special arrangements.* I also hereby consent to those persons providing information to the Consortium or its Educational Psychologist adviser. *I understand that the Educational Psychologist adviser may retain a copy of the report prepared in respect of my child for the remainder of their minority and which is in accordance with his/her relevant code of conduct.*

Parent/Carer's\* signature.....

Date.....

Parent/Carer's\* name.....

Please provide contact telephone numbers in case we require clarification of the information you have supplied:

Home..... Mobile .....

The next section of this form is to provide information on your child's disability/special educational needs from your child's existing primary school.

**You MUST arrange for this to be completed before you upload the form back to the portal together with any supporting documentation no later than the 14<sup>th</sup> of June 2024.**

If your child does not attend a school please arrange for this section to be completed by your Education Service Representative (Educational Psychologist, Home Teacher or Educations Otherwise Teacher, etc.).

**General Data Protection Regulation**

**How information provided will be used?**

The personal data collected in this form will be processed by the Consortium of Grammar Schools in Shropshire, Walsall and Wolverhampton in accordance with the General Data Protection Regulation, which came into force on 25 May 2018. Information and guidance on the act can be found at <https://gdpr.eu/>

Any information received prior to this date will be processed in accordance with the previous legislation, the Data Protection Act 1998.

**Sharing information**

Information given on this form will be shared with the Consortium's appointed Educational Psychologist adviser and between the schools in the Consortium to determine your request for special arrangements/ reasonable adjustments. If you subsequently decide to appeal against the allocation of a school place (see admissions arrangements), the information will be passed on to the appeal panel convened for such purposes. The information may also be shared with the relevant Local Authorities if appropriate. We will not share information for marketing purposes.

**How long do we keep your personal data?**

We keep your personal data for no longer than reasonably necessary, in the event of a successful application this will form part of your daughter's school record and retained until your child's 25th birthday under the lawful basis of public task. In the event of an unsuccessful application your data will be retained for a period of 7 years.

**PLEASE ARRANGE FOR YOUR CHILD'S PRIMARY SCHOOL TO COMPLETE THIS PAGE**

**To the Head Teacher**

Is the child subject to an Education, Health and Care plan, or SEN Support? Alternatively, if these are not yet available, is the child subject to any School Action/School, Action plus/statement?

Please provide details of the child's specific disability or special educational needs.

Where you refer to reports or documents please provide copies, including

- Education, Health and Care plan or Statement
- Your school's SEN support plan
- Any Local Authority Assessments
- Latest Individual Education Plan
- other documents you feel are relevant.

Who is the main contact from the Local Authority / other service for this child

Contact Name.....

Contact telephone .....

Name of organisation they work for .....

Please describe the difficulties this child experiences in their education

Please describe what adjustments/special arrangements you feel would be appropriate for this child in a selective testing situation.

Please confirm what adjustments or special arrangements your school has made to date when this child has been tested.

Signed..... Date .....

Name ..... Position .....

School name .....

**ALL DOCUMENTATION TO BE UPLOADED BACK TO THE PORTAL BEFORE THE CLOSING DATE OF 14<sup>th</sup> JUNE 2024.**