

Mover-In Form



Introduction

If your child has an Education, Health and Care Plan (EHCP) or is currently under statutory assessment for an EHCP and you move to Swindon, we require you to provide us with some information so we can allocate your case to an EHCP Coordinator who will assist you through the moving-in process for your child.

How an EHCP Coordinator is allocated

If your child already has an EHCP, your EHCP Coordinator is allocated based on the closest school to your Swindon address – this may, or may not, be the school you wish for your child to attend, but at this stage it is primarily focussed on the location.

If your child is currently under statutory assessment for an EHCP, the EHCP Coordinator will be allocated from the assessment hub. Should the statutory assessment result in a Final EHCP being issued, this EHCP Coordinator will change.

Please complete the form below and return to the SEND Service either by email: SendService@swindon.gov.uk or by post: SEND Service, 4th Floor, Wat Tyler West, Beckhampton Street, Swindon, SN1 2JG

Today's date:

Click or tap to enter a date.

Parent/Carer Details

	Parent/Carer	Parent/Carer
Full Name:		
Relationship to child/young person:		
Contact Number:		
Email Address:		
Current Local Authority:		

Child/Young Person Details

Full Name:			
I like to be known as:			
Date of Birth:		Religion:	
Home Language:		Gender:	

Year Group:		Current Local Authority:	
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EHCP & Assessment Information			
Child/Young Person has an EHCP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Child/Young Person is currently under statutory assessment for an EHCP	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Tribunal is currently underway	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Previous Address	
Address Line 1:	
Address Line 2:	
Town:	
County:	
Postcode:	
Date moving to Swindon:	

New Swindon Address	
Address Line 1:	
Address Line 2:	
Town:	
County:	
Postcode:	

Other Information	
Child/Young Person's SEND Category (if known):	Choose an item.
Child/Young Person's Primary Need (if known):	Choose an item.
Child/Young Person's Medical Needs (please list):	
Education setting preference (if known):	
GP you are/are intending to register with in Swindon:	

Is your child or young person open to any of the following services?	Speech and Language <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>	Physiotherapy <input type="checkbox"/>
Other information you wish to share:			

If you have any queries regarding this form or the process, please email us on SENDSERVICE@swindon.gov.uk or call us on 01793 464641.

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