

Coventry Education Services Portal User Guide

Adults Services Advice Form

Updated August 2022

1	Cov	Coventry Education Services Portal User-Guide			
	1.1	Registering on the SEND Portal	.2		
	1.2	Completing and submitting the advice form	.5		
	1.3 young	Collecting a record of verbal consent to share information not directly linked to a gerson's SEN/Disability	10		
	1.4	Printing/saving the advice form	11		

Click on this link for a video guide on how to submit advice towards an EHC assessment



1 Coventry Education Services Portal User-Guide

1.1 Registering on the SEND Portal

<u>eturnUrl=%2</u>	2FProfessiona	alPortal_LIVE%2F
		Professional Portal
♂ Home		👗 Login 🛛 🖉 Register
Don't have an account? registration. register Email Address aron aardvaar Password Q _t Login Forgotten your passwor	rk@coventry.gov.uk	Welcome to the Coventry SEND Portal This site is for schools and settings to request an Education, Health and Care (EHC) assessment and professionals to submit advice for an EHC assessment. All users can create their own account by clicking register. User-guides are available at the links below: Video: How to register on the SEND portal Video: How to complete an EHC assessment request on the SEND portal Coventry SEND portal user-guide - Education Settings
1.1.2 Comple	te the Securi	ity Details & click <i>Next</i>
Security Details About En Co Confirm Secr Se	ti you Work Details	ardvaark@coventry.gov.uk ardvaark@coventry.gov.uk s maiden name
1.1.3 Comple	te the About	You details & click <i>Next</i>
Registration This screen will guide you to enter th for this purpose. You will need to ensign Security Details About you	he necessary information require isure you use your work place co Work Details	ired for registration process. Please hover the mouse over each field to see what information you will need to enter contact details to create your account.
	Title * 💩 Mr	~
	name * 🚨 Aaron	
Foren		
Foren Surn	name · Aardvaark	
Foren Surn Gei	name · Aardvaark	✓



1.1.4 Complete your Work Details & click <i>Submit registration</i>				
Registration				
KegIstration This screen will guide you to enter the necessary information required for registration process. Please hover the mouse over each field to see what information you will need to enter				
Security Details About you Wor	for this purpose. You will need to ensure you use your work place contact details to create your account.			
Professional Role *	SENCo			
Organisation Name*	Coventry City Council protocols and these click Eind Address Manually' and ture the sourcet address in the			
boxes provided	posiciole and men once i mo noness, in your address is not isled, press me Liner Address manually and type me context address in me			
	© Use Another Address			
House Number	*			
House Name	Coventry City Council			
Building Name	Lord Mayor's Office, Council House			
Street Name	Earl Street			
District / Village				
Town	West Midlands			
Postcode *	* CV15RR			
Country	Please select			
_				
Please supply a telephone number where yo	u can be contacted during normal office hours, if necessary.			
Work Phone	- -			
If you would like to add another Professiona	Role to your account, please navigate to "My Account" once you have completed your registration.			
	Previous			
	Submit Registration			
115 You will then	be sent an e-mail to verify your e-mail address, click on the			
link in the e-mail	and return to the log-on screen to enter your user credentials			
Professional Portal ac	tivation Inbox x			
sen@coventry.gov.uk				
to me 👻				
Dear new portal user,				
Thank you for registering with the Co	oventry SEND Portal.			
To activate your account we need yo	u to contirm your email address is valid. To do this, please click on the link below.			
Please note: if you are unable to clic	k on this link, carefully copy and paste the text into your Internet browser.			
With best wishes,				
Coventry STAR team				
Important - Please do not reply to this email as this account is not monitored.				
1.1.6 Click on Spec	ial Educational Needs and Disabilities and you will be taken to a			
link to Enable Two Step Verification Now – click this link.				
SEND	Enable Two Step Verification now			
SEND				



1.1.7 Select <i>E-mail</i> as the preferred method of Two Step Verification, click Save				
My Account	Two Step Verification			
Personal Details	We require all SEND portal users to enable two step verification			
Work Details	Two Step Verification is our way to make your data more secure.			
Change Email Address	Please select e-mail in the drop down box below to receive a verification code via e-mail to complete log- in.			
Change Password	The e-mail address used will be the e-mail you provided when you created your account.			
Change Secret Question	Preferred method			
Change of Circumstances	🕫 Email 🗸			
Two Step Verification	Save			
1.1.8 You will then be returned to the log-on screen to log in and begin using the portal. When logging-in, you will receive a verification code via e-mail to complete the log in process.				
Your Coventry SEND portal verification Code Inbox × sen@coventry.gov.uk to me * Your verification code for the Coventry SEND portal is 497266 This verification code will be valid for 5 minutes.				



1.2 Completing and submitting the advice form

1.2.1 Lo	g into the SEND Portal	via the below link
https://ems	sonline.lea.coventry.sc	h.uk/ProfessionalPortal_LIVE/Account/Login?Retu
<u>nuri=%2FP</u>	otessionalPortal LIVES	<u>%2F</u>
oneeducation		Professional Portal
🖨 Home		▲ My Account 🖞 Sign Out
* SEND	Messages	



	Professional Portal
A Home	👗 My Account 🛛 🖒 Sign Out
Welcome to the Cove Click the SEND tile below for initial EHC assessme	entry SEND Professional Portal w to submit EHC requests, check the status of previous requests and submit advice ints. Click messages to view any new notifications sent via the portal.
SEND Messag	ges
	person is not already linked to your profile, click Add Pe
Onland Demon	
Select Person	
On this screen, you will see the name to view or submit information. To ma	is of the children and young people you are working with through their EHC assessment. Please click on their name ke a new request or to submit information for a child/young person not listed below, click 'Add person'.
Person Filter	Active ✓ + Add Person Ø Hide Person
1 records found	
	Select
Name Date of Birth Aardvaark, Aaron 30/04/2010	Address School Sector
Back	
4 Complete th	ne details of the form as carefully as you can ensuring than indatory questions are marked with a red asterisk. When y
are correct. Man have entered all Add Person Please complete the child/young example, SIMS, Arbor, Headcour accurate data on any documenta	of the required information, click Submit
are correct. Man have entered all Add Person Please complete the child/young example, SIMS, Arbor, Headcour accurate data on any documenta	g person's details below. To ensure successful submission, please copy the data in your internal database exactly (for nt portal) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include ation and communication throughout the EHC assessment process. Fields marked with a * are mandatory.
are correct. Man have entered all Add Person Please complete the child/young example, SIMS, Arbor, Headcour accurate data on any documenta Forename Middle Nam	<pre>of the required information, click Submit g person's details below. To ensure successful submission, please copy the data in your internal database exactly (for nt portai) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include ation and communication throughout the EHC assessment process. Fields marked with a * are mandatory. e*</pre>
are correct. Man have entered all Add Person Please complete the child/young example, SIMS, Arbor, Headcour accurate data on any documenta Forenam Middle Nam	e
Add Person Please complete the child/young example, SIMS, Arbor, Headcour accurate data on any documenta Middle Nam Surname Gende	er Please select a gender
Add Person Please complete the child/young example, SIMS, Arbor, Headcour accurate data on any documenta Forename Middle Nan Surname Gende Date of Birth	<pre>of the required information, click Submit g person's details below. To ensure successful submission, please copy the data in your internal database exactly (for nt portal) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include ation and communication throughout the EHC assessment process. Fields marked with a * are mandatory. e*</pre>
are correct. Man have entered all Add Person Please complete the child/young example, SIMS, Arbor, Headcour accurate data on any documenta Forenam Middle Nan Surnam Gende Date of Birth Current Scho	of the required information, click Submit gerson's details below. To ensure successful submission, please copy the data in your internal database exactly (for nt portal) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include ation and communication throughout the EHC assessment process. Fields marked with a * are mandatory. e*
Add Person Please complete the child/young example, SIMS, Arbor, Headcour accurate data on any documenta Forename Middle Nan Surname Gende Date of Birtt Current Scho Ethnicite	<pre>of the required information, click Submit gperson's details below. To ensure successful submission, please copy the data in your internal database exactly (for nt portal) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include ation and communication throughout the EHC assessment process. Fields marked with a * are mandatory. e*</pre>
Add Person Please complete the child/young example, SiNS, Arbor, Headcour example, SiNS, Arbor, Headcour accurate data on any documenta Forename Middle Nan Surname Gende Date of Birth Current Scho Ethnicht First Language	of the required information, click Submit g person's details below. To ensure successful submission, please copy the data in your internal database exactly (for nt portal) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include ation and communication throughout the EHC assessment process. Fields marked with a * are mandatory. e e • • • • • • • • • • •
Add Person Please complete the child/young example, SIMS, Arbor, Headcour accurate data on any documenta Forename Middle Nam Gende Date of Birtl Current Scho Ethnicit: First Language Postcode	<pre>of the required information, click Submit g person's details below. To ensure successful submission, please copy the data in your internal database exactly (for nt portai) and ensure this is up to date. This will enable us to quickly identify the child/young person's record and include ation and communication throughout the EHC assessment process. Fields marked with a * are mandatory. e*</pre>







1.2.7 The first page ask you to confirm your work profile. Click on <i>Select</i> to
continue.
Particle Oursest
Project Support
Organisation Name Coventry City Council
Address Coventry City Council, Lord Mayor's Office, Council House, Earl Street, COVENTRY, West Midlands, CV1 SR
Work Phone 02476831614
Mobile Number
Select
1.2.9 Diase begin to complete the form as required Mandatory questions are
1.2.0 Please begin to complete the form as required. Manuatory questions are
and Continue
#What is the young person's Care Direct number?
004021
*Which of the following best describes you?
A) I am this young person's social worker and I have been working with this child prior to the EHC assessment
Back Save & Continue
1.2.9 Once you have reached the final nage, you will be presented with a
summary of the information you have submitted so far. Please check that the
information is correct. If not, scroll to the bottom of the page and click on the
hadk butten. Edit the form as needed
back bullon. Edit the form as needed.
香 Home ★SEND Home ▲ My Account ② Sign Out
A charge Aardwaark an a
Aaron Aarovaark
Summary
The information you have entered as part of this Special Educational Needs & Disabilities form is displayed below. Please review the information provided before continuing.
Form submitter details
Lesley Harris
Professional Role Project Support Organisation Name Coventry City Council
Child / Young Person Details
Aaron Aardvaark
Gender Male
Date of Birth 30-Anc-2010
Date of Birth 30-Apr-2010 Current School Foxford Community School
Date of Birth 30-Apr-2010 Current School Foxford Community School



1.2.10 When ready to submit the form, check "I agree" to the two statements at the bottom of the summary page.

All use	ers: I confirm that the information I have provided is accurate and complete to the best of my knowledge
lf subr care a they h privac	nitting a request form only: I confirm that the child/young person and their parents/guardians are aware this request for an education, health and seesment is being submitted that it will be used and shared in accordance with statutory processes to assess and fulfil the request. I also confirm ave had access to Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice and the education establishment's y notice.
lf subr disabi the fo	nitting a Children's Services advice form only: I confirm that where details of a child's social care needs which are not linked to their SEN or lity have been included in my advice, I have discussed this with the parent/carer(s) and child (if appropriate) and recorded their consent in Step 6 of rm.
lf subr disabi	nitting an Adult's Services advice form only: I confirm that where details of a young person's social care needs which are not linked to their SEN or lity have been included in my advice, I have discussed this with the young person and recorded their consent in Step 5 of the form.
Please bottor	note: Coventry City Council's SEND Statutory Assessment and Review Service Privacy Notice can be found at the Privacy Notice tab at the n of the web page.
🗆 lagree	
The in Disabi	formation that you have provided on this form will be used in accordance with processes outlined in the current Special Educational Needs $\&$ lities Code of Practice.
It is im them.	portant that the child or young person and their parent or carer are able to see the information you are providing and for it to be shared with It will also be shared with other professionals working with the child or young person.
Before or you	e submitting this information, you must agree that the information provided can be shared with other professionals, the local authority, the child ng person and their parent or carer. If you do not agree to this, you will not be able to send it using this online form.
l agree carer a	e that the information I am submitting can be shared with other professionals, the local authority, the child or young person and their parent or as part of processes outlined in the current Special Educational Needs & Disabilities Code of Practice.
🗆 lagree	a
Back	Submit
1.2.1	1 Click Submit
	🖾 lagree
	The information that you have provided on this form will be used in accordance with processes outlined in the current Special Educational Needs & Disabilities Code of Practice.
	It is important that the child or young person and their parent or carer are able to see the information you are providing and for it to be shared with them. It will also be shared with other professionals working with the child or young person.
	Before submitting this information, you must agree that the information provided can be shared with other professionals, the local authority, the child or young person and their parent or carer. If you do not agree to this, you will not be able to send it using this online form.
	I agree that the information I am submitting can be shared with other professionals, the local authority, the child or young person and their parent or carer as part of processes outlined in the current Special Educational Needs & Disabilities Code of Practice.
	☑ lagree



- 1.3 Collecting a record of verbal consent to share information not directly linked to a young person's SEN/Disability
 - 1.3.1 A record of verbal consent to share details of social care needs not directly linked to the young person's SEN or disability can be captured in Step 6. As you obtain it, you will need to note the Date and Time and any restrictions on this consent. Please use the below paragraph to help communicate what is being consented to:

"Coventry City Council will use personal information about you to help us decide whether we need to write a draft Education, Health and Care Plan for you. If we do write a draft plan, we might include the details of other social care needs that are not linked to your learning difficulties or disabilities in the Plan. This will be to help coordinate the services you receive. The Plan will be shared with those who have contributed information to help write the plan or for specified purposes, detailed in statutory guidance which you can read about in the SEND code of practice p.9.211 - 9.213. We will not share this personal data with anyone else unless the law says we have to or we need to for safeguarding purposes. More information can be found in our full Privacy notice, available on our website"

	Name	
	Relationship to data subject (child/voung person)	
	() () () () () () () () () ()	
	Presse select	
	Verbal consent given	
	No	
	I confirm I have read the 'consent statement' above to this person	
	No	
	Date consent was obtained	
	dd/mm/xxxy	
	Time consent was obtained	
	Please select *	
	Consent taken and recorded by (name of staff member):	
	Any restrictions on consent?	
	Add More	
I	Back Save & Continue	



1.4 Printing/saving the advice form





1.4.3 Select Foxit PhantomPDF Printer t	to save to a PDF
🚍 Print	×
General Options Select Printer Follow-You on CVSW90392.gbcvge501 Foxit PhantomPDF Printer Microsoft Print to PDF	a.local
Location: Comment:	Find Printer
Page Range ● All ○ Selection Current Page ○ Pages: 1 Enter either a single page number or a single page range. For example, 5-12	Number of copies: 1 = Collate
Prir	nt Cancel Apply

