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| **Name of School:** |  |
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# Request for Access to School Gateway SEN Portal

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| **DFE NUMBER:**  **Address:** |  |

**Please give consideration to the security of the data and the staff who will have access to this data. Please complete one form per member of staff to a maximum of two staff.**

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| **Name of Professional for Education Access** |  |

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| **Role:** |  | **Email Contact details of Professional:** |  |
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**Please return this completed form to** [**senagateway@leics.gov.uk**](mailto:senagateway@leics.gov.uk) **via Egress secure email or via Anycomms/AVCO**

**Office Use Only:**

|  |  |
| --- | --- |
| **Authorisation** | |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| **Username** |  |
| **Password** |  |

