



# Singleton C of E School



## Consent Form for Additional Support/ Information Sharing

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

To be completed by:-

- Parent / Person with Parental responsibility

Staff to highlight relevant boxes for parents. This form can be added to at any time if further support is needed. Parents will need to just date and sign against the additional support required.

The General Data Protection Regulation (GDPR) May 2018 explains that:

- *Consent must be a freely given, specific, informed and an unambiguous indication of your wishes. There must be a clear affirmative action showing your consent. Also, consent can be removed, however there may be another legal basis for processing your personal data.*

This form is used to record evidence of your explicit consent to process the following personal data.

I can confirm that I give consent for:- (please tick appropriate boxes)

Type of additional support/ information Sharing	Yes	No	Date	Signature
1. Referral - Educational Psychologist				
2. Referral - for Specialist teacher assessment				
3. Referral - School Doctor (Paediatrician)				
4. Referral School nurse				
5. Referral for potential 'Early Intervention Support' - the outcome of this depends on the outcome of an LCC panel - who assess based on priority need who they allocate funding to				
6. CAF (Common Assessment Framework) to be completed				
7. Referral for additional support with emotional social and behavioural needs- this may be with an LCC provider - such as Stepping Stones or a private provider / expert depending on the individual needs of the child. The outcome of the referral in terms of support for the child will depend on the outcomes of initial assessments and priority needs				
8. Referral for Speech and Language support				
9. For information from outside agencies to be shared with Staff in school so that Staff can effectively support the needs of the child				
10. For information, I give to school to be shared with appropriate members of staff and outside agencies.				

In consenting for an application for an additional support application being made to support your child, you are also consenting to the sharing of information between school and the outside agency and with appropriate members of staff in school. This is necessary so that we can ensure that we are working together to meet the needs of your child.

Please note that with medical referrals copies of appointment letters and reports may be sent to:- school, health visitors and school nurse etc.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_