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**Why do we need to collect information about you?**

In order to be able to provide the right kind of services for you and your family we have to find out first what your needs are. To do this we have to collect some information about you and your family, including some personal details such as your name, date of birth and address.

**What will we do with the information you provide?**

The information you agree to provide for us may be written down and kept in a file or entered and stored on a computer securely and confidentially so that we comply with the Data Protection Act 1998.

**Who will be able to see my information?**

Access to your information will only be given to individuals/organisations who are working with you and your family and who have reason to see it; this is so the services provided to you can be well coordinated and meet your needs.

**How will you record my wishes about sharing my personal information?**

We will use this form, which will be kept with your records. If we receive a request to share information, an authorised member of staff will check the details on this form before any information is released.

**Could the information be shared without my permission?**

Yes, this information may be shared if the safety of your child/children, family or any other person is at risk.

**If I am a child or young person, who says whether my information can be shared?**

Normally anybody 16 years old or above and who has mental capacity will be presumed to be mature enough to comment on whether to share their information. For a person under 16 years of age or a person over the age of 12 who lacks mental capacity, someone with parental responsibility or with nominated responsibility e.g. deputyship, in consultation with professionals, may discuss sharing information.

**What are my rights?**

Your information is protected by the Data Protection Act 1998. This means that the information provided will only be used for the reasons we have stated. It will be kept safe and secure and you have the right to see what information is being kept about you.

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**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Young person)**

**understand and consent to the Council gathering and sharing information in order to complete an EHC Assessment and ensure well coordinated services are provided to best meet my needs/the needs of my child.**

**I agree to the gathering and sharing of reports/information between all practitioners and agencies in relation to all aspects of the Statutory Assessment process and ongoing monitoring of Education, Health and Care (EHC) Plans, if issued. This may include, but is not limited to:**

* **the child’s/young person’s school or education setting**
* **the Educational Psychology Service**
* **Social Care Services**
* **Health Services (such as a paediatrician, dietician, paediatric community nurse, health visitor, physiotherapy and occupational therapy, speech and language therapy, GP, school nurse, Emotional Well Being and Mental Health Service**

**Signed (Parent/Young person)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Print Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_