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**SEND Service 0-25 Required Information and Consent**

**For Online Consultations ONLY**

(Following initial discussion with Link Practitioner, this from should be completed and emailed to SENDconsultations@cambridgeshire.gov.uk **prior** to booking an online consultation on booking bug)

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| Child/Young Person:  | DOB:  |  Age:  |  Year:  |
| Parent/Carer name/s:  | Home address:  |
| Parent/Carer contact number/s: | Parent/Carer email/s: |
| School:  |  |
| Has there been previous SEND Service Involvement? (if so, please give details) |
| **Parent/Carers:***What changes would you like to see following SEND Service consultation?*  |
|  Name of person completing request:  Job title:  |  Date:  |

**Consent from person(s) with Parental Rights**

I understand that this information will be shared with members of the SEND Service 0-25 and that SEND Service 0-25 work with different professionals from within Cambridgeshire County Council People & Communities (including Education, Early Years & Childcare Setting, Social Care, Early Help Teams, Children's Centres), and **may need to share or ask for information** e.g. reports about the needs of my child and family.

I understand that this information and record of work following a consultation will be stored electronically on the Cambridgeshire County Council system and may be used for audit and quality assurance processes.

I understand that in addition SEND Service 0-25 work with different professionals from within the Health service (e.g. health visitors, speech therapists, community paediatricians, GPs) and **may need to share or ask for information (with consent)** e.g. reports about the needs of my child and family.

The Local Authority has the power to share information about families where there are concerns about the well-being of children and young people.

For any further queries, questions or concerns relating to data protection and the Data Protection Act, please contact us at: Email:  data.protection@cambridgeshire.gov.uk Tel: 01223 699137

I understand that I have the right, at any time, to request access to all personal information held about me.  For further details about this, please see our web page <https://www.cambridgeshire.gov.uk/data-protection-and-foi/>

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| I understand that the local Authority will collect, store and share my personal information in a way that is compatible with General Data Protection Regulation. I give permission for involvement from SEND Service 0-25 Years to take place: **YES/NO\***I give permission for the report to be shared with health colleagues and those colleagues to be asked for relevant information if they are also involved in supporting my child: **YES/NO\*** |
| Parent / Carer / Young Person Name/ preferred contact details | Signature | Date |
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When completed, please return electronically to:

SENDconsultations@cambridgeshire.gov.uk