# **Consent form**

This consent form can be completed by a:

* child/young person’s parent/carer (the person who has parental responsibility)
* young person aged between 16 and 25 years

**This form must be submitted alongside your completed referral form**

## Form Submission

Please complete **all** sections of this form and return to:

## By Post to:

## It is recommended that you use a tracked or ‘signed for’ service due to confidential information to:

Waltham Forest SEND Information, Advice and Support Service (IASS)

Waltham Forest Resource Centre

1 Russell Road

Leyton

E10 7ES

## By Email:

sendiasswalthamf@centre404.org.uk

## By hand delivered:

Please hand into the office reception at the postal address above.

If you need support to complete this consent form, please contact us.

**Waltham Forest SEND Information, Advice and Support Service (IASS)**

Phone: 07494 280073

Email: sendiasswalthamf@centre404.org.uk

Website: https://www.walthamforestsendiass.org.uk

Alternatively, you can complete this form on-line via our website:

Waltham Forest SEND IASS will contact you within 7 working days of receiving your referral and consent form to discuss your situation further.

**Please note: You must complete all fields in order to process your referral**

**Why we need this information:**

**This data is collected for work and monitoring purposes. We need this information to support you with our services as well as to provide funders with demographic profiles of the families that have used our services each year. Our data records might also be audited by Advice Quality Standard.**

On occasion, we will need to share information with other agencies to be able to support you and your family. We will only share information that is relevant to the piece of work undertaken – This will not be shared without your agreement.

**Consent and permission:**

|  |
| --- |
| Do you give consent for SENDIASS/Centre404 to hold the information on the referral form?Yes  No |
| Consent to contact professionals (please tick one box):  * No - not required at stage of presenting issue * Yes - by ticking this, I confirm I am the parent/legal guardian, or the young person aged over 16 and consent to Waltham Forest SEND IASS contacting relevant professionals to request information and act on my behalf if required regarding my situation/issue |

**Receiving information from Centre 404:**

|  |
| --- |
| Do you want information about events/trainings at SENDIASS/CENTRE404?  Yes  No |
| Do you agree to be contacted for service monitoring purposes (feedback survey)?  Yes  No |
| What is your preferred method of contact?  Telephone  Email |
| By submitting this form, I agree to my information being stored under the Waltham Forest SEND IASS privacy policy in accordance with General data Protection Regulations (GDPR) regulations and to being sent relevant information including service feedback surveys, information about events and trainings.  Signed:  Print name:  Dated: |