

EP Initials

(EPT/admin only)

**Parent/Carer Consent Form**

**Educational Psychology Team**

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Princes Way, BRADFORD, BD1 1NN

**Telephone** 01274 439444

**Section 1: Information**

* The Educational Psychology Team (EPT) provides advice and guidance to children and young people, parents, school staff, and other professionals.
* The EPT employs a range of qualified, Trainee and Assistant Educational Psychologists. All of our EPs work within the Heath and Care Professions Council’s (HCPC) professional and ethical standards, and Trainee and Assistant EPs work under the supervision of a fully qualified, HCPC registered psychologist.
* Please complete this form to enable the Educational Psychology Team to become involved with an individual child or young person aged 0-25.
* The information you provide will help us to decide the most appropriate way to address the situation. Ideally this consent form should be completed by school/setting staff and parents/carers working together.
* In order to be valid this form **must** be signed by a parent or carer.

**Section 2: Details of person requesting EPT involvement**

Person requesting involvement: ……………………………………………………………………………..

Role (e.g. – SENCo): ……………………………………………………………………………..

Name of setting/service: ……………………………………………………………………………..

Contact telephone number: ……………………………………………………………………………..

Email address: ……………………………………………………………………………..

Link EP (if known) ……………………………………………………………………………..

**Section 3: Details of child/young person**

Name of child/young person: ……………………………………………….……………….. Gender: ……..….

Date of Birth: ……………………………... Age: ……………………….. School Year: …………………….….

Address(es): …………………………………………………………………………………………………….......

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Home telephone number(s): ……………………………………………………………………………………….

Parent(s)/Carer(s) name(s): ……………………………………………………………………………………….

Parent(s)/Carer(s) Email address :.....…………………………………………………………………………….

Do parents consent to documents about the child being shared via email? (please circle): Yes / No

Are there any known current or historical safeguarding issues? (please circle): Yes / No

Is the child/young person looked after by the local authority? (please circle) Yes / No

**Section 4: Information**

What is the particular issue that has led you to request EPT involvement?

What have you done so far to respond to this issue?

What are the child/young person’s perceptions of the situation?

What other agencies have current or recent involvement?

What are you hoping to achieve through involving the EPT?

**Section 6: Parental Consent**

* I give my consent for information about the child/young person in my care to be shared with the EPT.
* I give my consent for members of the EPT to observe and work with the child/young person in my care.
* I give my consent for information and recommendations resulting from the involvement of the EPT to be shared with other health professionals who are involved with the child/young person in my care.
* I give consent for my data to be stored in accordance with the above regulations.

Parent/Carer signature: ……………………………………………………… Date: …………………………….

Print name……………………………………………………………………………………………………………

**Section 6: EPT admin use only**

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| EP |  | Logged on Capita? |  | File on Civica? |  |

**Section 5: Data Security**

* As part of our work we keep records, some of which are held on computer. These records contain personal information, such as name, and date of birth, plus the information we collect.
* Your data is stored in accordance with Bradford MDC’s Data Protection Guidance.
* Full details of this, how you data is used and your statutory rights is found here: <https://www.bradford.gov.uk/open-data/data-protection/education-and-learning-privacy-notice/>