

EP Initials

(EPT/admin only)

**Parent/Carer Consent Form for Mental Health Champion Supervision**

**Educational Psychology Team**

Floor 3, Margaret McMillan Tower,

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.
* The EPT is commissioned by Public Health to deliver the Mental Health Champions (MHC) in Schools project. The EP supports Champions in addressing low-medium level mental health (MH) or emotional wellbeing (EW) difficulties through training and supervision of their professional practice.
* **For Champions**: Please complete the main details on this form. Once it has been signed by parents, please return to the MH Champions email in box one week before your supervision date.
* Please note that the principle of MHC supervision is for Champions to discuss and reflect upon your own professional practice in school/college.
* Please remember that requests for supervision must apply to your role as MH Champion, not any wider role(s) in school you may hold.
* **Important**: In order to discuss any individual CYP during your supervision this form **must** be signed by a parent or carer. Verbal consent will not be accepted.
* **For parents/carers:** Please read and sign this form to indicate your consent for the school’s nominated Mental Health Champion to discuss an individual child or young person with the Educational Psychology Team in a supervisory capacity. Please note that a supervisory discussion is intended to offer the Champion guidance on their own practice in school. It is not intended to be a formal referral for EP involvement for your child. However, as supervisory discussions sometimes veer into discussion regarding individuals, we would like to ensure you consent to this, in keeping with ethical and GDPR guidance.

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

Name of Mental Health Champion:………………………………………………………………………………

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

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

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

**Section 4: Information**

What is the issue that you would like to discuss? (N.B. Only requests pertaining to mental health/emotional wellbeing in school can be accepted)

As an MH Champion, what is your role in this matter? How does the issue affect you as an MH Champion?

**Section 6: EPT admin use only**

*Full parent/carer signature present? YES / NO If no, reject and return to sender.*

***For project lead SSEP:*** *MH or EW concern? YES / NO If no, direct to EP consultations or traded services.*

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

**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 information and recommendations resulting from the involvement of the EPT to be shared with other 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 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/>