# Consent Form for WCF Autism/CCN Team Involvement

Worcestershire Children First (WCF) Autism/CCN (Complex Communication Needs) Teamhas been asked by the setting/school your child attends to become involved to help with the planning of support for certain concerns and needs. We therefore want to be sure that you understand who we are, what we do, and that your consent is freely given.

The school or setting will have talked to you about the WCF Autism/CCN Team. The WCF Autism/CCN Teamis part of Worcestershire Children First’s SEND 0-25 Service. We are a team of educational practitioners experienced and skilled in the area of autism/CCN. Our main aim is to facilitate the social, emotional and educational development of children and young people with an autistic/CCN presentation. We help support schools and other settings to identify solutions alongside other professionals (including health) who may also be involved. Our work involves consultation meetings, training, assessments, observations and interventions. The work could involve observation, assessment and/or direct work with your family, your child or a group your child might be part of. If your child is 16 years old and older, we will also secure their consent separately as appropriate for our involvement.

As part of our work we keep electronic records, which are held securely and confidentially. These records contain personal information, such as name, and date of birth, plus the details of our work with the child/young person. Since we work alongside other professionals who may also be involved, we would want and may also exchange information with these other practitioners. Please note that any personal data collected will be stored and managed in line with WCF’s commitment to the General Data Protection Regulations. Please visit Privacy Statement.

**If you are happy for us to work with your child, please complete and sign section 2 of this form. The school/setting will give you a copy of the form and send the original to us.**

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| **1. Child/Young Person’s Details** *setting to complete* |

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| **Name** *(please print)* | **DOB** |
| **Setting/School** | **Year Group** |
| **Home Address** | **Post Code** |

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| **2. Parents’ / Carers’ Details**  *To be completed by all persons with parental responsibility for the child/young person*   * **I give consent for the WCF autism/CCN team to become involved. I understand this may involve consultation with staff in the educational setting and other professionals who are involved. There may also be observation and assessment of my child.** * **I understand there may be times when information will be shared with other services, including health agencies, who are involved with my child.** * **I understand an electronic file will be opened for my child and that information will be stored securely.** * **I understand I can discuss the purpose and continuation of consent at any time with the autism/CCN team member.** |

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| --- | --- |
| **Name** | **Relationship to Child** |
| **Signature** | **Phone contact** |
| **Email:** |  |
| **Name** | **Relationship to Child** |
| **Signature** | **Phone Contact** |
| **Email:** |  |
| **Home address if different from the child –** *please specify which parent or carer* |  |

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| **3. School / Setting Staff Details** |

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| --- | --- |
| **Name** |  |
| **Role** | **Date** |
| **The role and purpose of autism/CCN team involvement has been discussed with the parent/carer - *please circle*** | **YES NO** |
| **Signature** | **Phone and email contact information** |

**The information on this form will be recorded on a database along with any details relevant to subsequent involvement. These records will be held and used in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2018. We are compliant with Worcestershire Children’s First Privacy Notice** [**http://www.worcschildrenfirst.org.uk/privacy**](http://www.worcschildrenfirst.org.uk/privacy). **This information is being collected for the purpose of determining the educational needs of the named child or young person. It may also be shared with other professionals actively involved with the named child or young person, to inform their work. The information collected may also be used for the wider purpose of providing anonymous statistical data used to assist with monitoring provision and/or determining areas of need in order to target future resources.**

**If the request is agreed the duration for which consent is given will be shared with the setting, parents/carers and young person.**