**Consent Form for WCC Specialist Teaching Service (Learning Support and Autism/Complex Communication Needs Team)**

**Post-16 Consent Form**

Worcestershire County Council (WCC) Specialist Teaching Service (STS) has been asked by the setting/school you attend 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 WCC Specialist Teaching Service. We are part of Worcestershire County Council SEND 0-25 Service. We are all qualified teachers or specialist practitioners. All of our teachers have Qualified Teacher Status. Our main aim is to support the social, emotional and educational development of children and young people. We help support students, families, 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 planning interventions. The work could involve direct work with you, your family, or a group you might be part of.

We will always share the outcomes of our involvement with you and with your consent, your family.

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 you. 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 WCC’s commitment to the General Data Protection Regulations. Please visit Privacy Statement.

**If you are happy for us to work with you, 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.**

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

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| --- | --- |
| **Name** *(please print)* | **DOB** |
| **Setting/School:** | **Year Group:** |

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| 1. **Young Person’s Details**   *To be completed by the young person if they are 16 years of age or older.*   * **I give consent for Specialist Teacher/Specialist Practitioner to become involved. I understand this may involve consultation with staff in the educational setting and other professionals who are involved. I understand that they may also engage in assessment with myself and where required complete observations.** * **I understand there may be times when information will be shared with other services, including health agencies, who are involved with me.** * **I understand an electronic file will be opened for myself and that information will be stored securely.** * **I can discuss the purpose and continuation of my consent at any time with the Specialist Teacher/Specialist Practitioner** |
| **Name** |
| **Signature** |
| Additional Comments regarding consent and sharing information – *When our involvement begins we will secure other important information you want to share.* |

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| 1. **School / Setting Staff Details** |
| **Name:** |
| **Designation (e.g. Teacher, SENCo):** |
| **Date:** |
| **The role and purpose of Specialist Teaching Service involvement has been discussed with the young person - *please circle***  **YES**  **NO** |
| **Primary area of concern (including which team the referral has been made to):** |
| **Signature:** |
| **Phone and email contact information:** |

**The information on this form will be recorded on a database along with any details relevant to subsequent Specialist Teacher/Specialist Practitioner 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 WCC’s Privacy Notice** [**http://www.worcestershire.gov.uk/privacy**](http://www.worcestershire.gov.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 names 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.**