**\**Parental/Carer consent is required before work is undertaken by Edvocation Services***

A request for support and/or assessments and/or involvement of an Education Consultant regarding inclusion and/or Special Educational Needs and Disabilities has been made.

Do you consent to an Edvocation Services consultant to contact you regarding this request: Yes/No (delete as applicable)

**Young person name:**

**Young person date of birth:**

**Name of those holding parental responsibility:**

Address (including postcode):

Contact telephone number:

Contact email:

Preferred contact times should we need to contact you:

**School attended and current year group:**

**Parent/carer consent for assessment/and/or support:**

* I agree for this child to be referred for educational assessment to, and/or support from Edvocation Services Ltd.
* I understand that assessments are for educational screening or profiling purposes and are not diagnostic unless stipulated.
* I agree to be present if it is necessary for virtual assessment to be undertaken with the child.
* I am aware of and agree to Edvocation® Service Level Agreement. This is available to me at: [www.edvocationservices.com](http://www.edvocationservices.com)
* I have brought this referral request and contact details of Edvocation® Services to the attention of all parties holding parental responsibility for this child or their representative as is appropriate to my individual circumstances.
* I understand that a consultation fee will be charged to the commissioning party in the event that I do not notify Edvocation® Services/fail to attend a consultation that I have booked.
* I understand that the findings of assessment and recommendations, which may signpost to external agency professionals for further support – such as BEE-U; Early Help; Local Authority SEND/Inclusion team/s, will be recorded and sent in electronic format to myself (when parent has requested assessment)/to school (when school have requested assessment). In the case of school request, it is the responsibility of the school to forward copies to relevant and appropriate individual.
* I confirm that I have read and agree with the following statements regarding data protection:

i) Information gained from assessment and support will be held in secure storage for a period of 9 years after the pupil has left compulsory education. After this time the information will be securely destroyed.

ii) I understand and consent to information gained during the work undertaken by Edvocation® Services Ltd to be shared with other agencies involved with the child, such as education, health, and care professionals, and that this is done so on a legitimate interest and confidential basis.

* I do not wish information to be shared with the following individuals/organisations (please detail in the space below):
* I am aware that I may withdraw this consent at any time by contacting Edvocation® Services in writing or by email to angela.willis@edvocationservices.com.

Signed: Date:

Print name: Relationship to young person:

Where a young person is 13 years or older, their consent is also required:

Signed: Date:

Print name: