

Multicultural Development Team





Covid 19 Support request form

Please note that it is the school's responsibility to obtain consent and consent must be not more than 6 months old prior to support

Unique Pupil No:			M / F	
Surname:	Fore	ename:		DOB:
Year Group:		School:		T&W / SC
Home Address: Post Code: Reason for referral for s Information Sheet)	Tel upport: (Please	No:be specific and pr	ovide extra detail o	
Child In Care: Yes				
I give my consent for my Psychology service and			•	Teacher, Educational
Parents should understa	and that -			
Telford and Wrekin Cou possible MDT Support to (2a) (GDPR 2018 – Articl	o be provided. T	~		
Telford and Wrekin Cou external organisations u within Telford and Wrek	ınless required t	o do so by law. H	lowever this informa	
For further details on th council's website page.	e council's priva	cy arrangements	please view the priv	vacy page on the
MDT Advisory Teachers are not able to contact p				•
Parent/Carer Signature: (Those with Parental Re				
Print Name:				
(By signing this form, yo above)	u are confirming	g that you have pa	arental responsibilit	y for the child named

MDT BACKGROUND INFORMATION SHEET 2020-2021

Pupil's Name:		Date of Birth:	Age:	
School:	Year:	Teacher:	Ethnicity:	
Siblings:		Home Language:	Any Other Languages spoken	
Medical:		Countries lived in prior to UK:		
Has the pupil attended previous schools in Britain or other country?		Attendance:		
other country.				
School 's concerns				
Any other comments				