**Parental/Carer Consent (*Please note a request for service will not be processed without* parental/carer consent)**

**Child’s Name: ------------------------------------------- D.O.B. ------------------------**

**Please tick:**

I confirm that this referral has been discussed with me and I have been fully informed in the decision to refer

I agree to engage with the portage service and the type of support offered to me to support my child. This maybe in the form of regular home visits, a block of home visits, a one off advisory visit with follow up sessions via our advice line or advice solely through the portage advice line

I agree to the portage service sharing and collecting information within Telford & Wrekin Council and Portage Partner agencies as appropriate to support my child. These include:

* Shropshire Local Authority
* Other Local Authorities (if relevant)
* Shropshire Community Health – NHS Trust
* Other NHS providers outside Telford & Wrekin and Shropshire (if appropraite)
* Local NHS Trust
* Department of Education
* Early Years Providers and Schools
* Other professionals working with my child, including the private sector

**Privacy Notice under General Data Protection Act**

Telford & Wrekin Council Portage Service are collecting Personal Identifiable Information data to enable us to provide you with support from the Portage Service. We need to collect this information in order to check your child is eligible to receive the service and so we deliver a range of services to meet the Statutory Requirements of The Child and Family Act 2014 and the SEND Code: 0 - 25. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1) (a) (b) and Article 9 (2) (a) of the General Data Protection Regulations 2018 or equivalent United Kingdom legislation.

Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required/permitted to do so by law. However, there may be occasions where we request further information from key third party organisations such as Health, Education and Social Care organisations. This information may also be shared within Telford & Wrekin Council and Portage partner agencies. For further details on the council’s privacy arrangements please view the privacy page on the council’s [**website page**](http://www.telford.gov.uk/terms)**.**

PRINT NAME OF PARENT: ...............................................................................................

Signed: Parent(s)/Carer(s): ……………………………......... Date: ………………………….

**Please return the completed request form with any additional information electronically to** [Portagebusinesssupport@telford.gov.uk](mailto:Portagebusinesssupport@telford.gov.uk)

