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| **EDUCATION PSYCHOLOGY TEAM****REQUEST FOR INVOLVEMENT*****Consent form be completed prior to the involvement of an Educational Psychologist*** |

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| **CHILD / YOUNG PERSON’S DETAILS** |
| **Surname:** | **First Name:** |
| **Preferred pronoun:** | **Date of Birth:**  | **Year Group:** |
| **Home Language:**  | **Name of School /setting:** |
| **Position in family:** | **SEND support?** [ ] **Yes** [ ]  **No** |
| **Home address (and postcode):** |
| **Child looked after?** [ ] **Yes** [ ]  **No** | **If yes, Social worker name:** (*they need to sign to give permission)* |
| **Parent(S) / CAREr(s)’ DetAIls***Note to referrer: Where parents live separately and have joint parental responsibility, only one needs to sign but please ensure both are consulted about this request for EP involvement* |
| **Name of parent / carer:** | **Relationship to child** | **Parental responsibility?** *Please ✓ or ×* |
| **Address and postcode** *(if different to child)***:** | **Telephone:**  |
| **EMAIL:**  |
| **Is there anyone else with parental responsibility?** **YES / No** *(please delete)* |
| **Name:** | **Relationship to child** | **Parental responsibility?** *Please ✓ or ×* |
| **Address and postcode** *(if different to child)***:** | **Telephone:**  |
| **EMAIL:** |
| *Please note written information will be sent to all parent / carers with parental responsibility* *unless otherwise indicated* |

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| **ABOUT THIS REQUEST:** *Complete before parent/ carer signs their consent* |
| **Please give details of current concerns and reasons for this request:**  |
| **What strategies have already been tried regarding your concern?***Please attach a current Additional Support Plan or equivalent document with current SMART targets and provision* |
| **What effects have you noticed?** *(e.g. improved skills, progress with learning, confidence, self-esteem, relationships)* |
| **What strengths / assets have you identified within the child / young person, home, school or community?** *Please attach a one page profile if they have one.* |
| **How would you like things to change?** |
| **What do you hope to get from this involvement?** |
| **Other factors: are there any other factors or facts which seem relevant / and or important?***e.g. health, education, language, family, social, history, other agencies involvement* |
| **Completed by:**  | **Date:** |
| **Job role:** | **Email address:** |
| *Note to referrers*: *please send requests for involvement to be sent via the AnyComms system.**If this is unavailable to you, please send a scanned pdf via a secure email to* *SESS@wirral.gov.uk* |
| **Parent/ carer views:***Please outline your current views, concerns and child / young person’s strengths.*  |
| **Shield Tick with solid fillCONSENT****AND****INFORMATION HANDLING** | The Educational Psychology Service will hold records on your child, these records will include personal data relating to your child and where necessary other family or related persons. The personal data will include but not be limited to information from:-* This request for involvement form
* Reports
* Video recordings
* Photographs
* File notes and
* Information provided by other relevant agencies.

This information helps to ensure we maintain an accurate record of the services that have been provided to support your child.Our service may sometimes use online assessment tools to support our work. This means that third parties process and hold electronic data on behalf of the Educational Psychology Service. This data is held and processed securely and is in an anonymous format which means individuals cannot be identified. Your Educational Psychologist will discuss this with you.For more information relating to how Wirral Council and the third party assessment platforms handle personal data, please see our privacy notice, or contact the service directly:[Principal Privacy Notice | www.wirral.gov.uk](https://www.wirral.gov.uk/about-council/freedom-information-and-data-protection/privacy-notice)All personal data processed is subject to the requirements of The Data Protection Act 2018 including the requirements of UK General Data Protection Regulations (GDPR).Please sign below to show that you consent to Wirral Educational Psychology Service supporting your child and handling personal data in accordance with the necessary privacy notices.**I agree to the involvement of the Educational Psychologist in helping to meet the educational needs of my child.** |
| **The following box MUST be signed before any support can take place. Young People aged 16 or over can be invited to sign on their own behalf.**  |
| **Parent/ carer’s signature:** | **Parent /carer’s name**  |
| **Relationship to child:** | **Date:** |
| **If over 16, please sign below:**  |
| **Young person’s signature:**  | **Date:**  |