



## The White Horse Federation Inclusion Team Consent Form

Name of Child/Young person: \_\_\_\_\_ DOB: \_\_\_\_\_

Your child's/young person's school are requesting the involvement of a member of The White Horse Federation Inclusion Team to find out ways they can best be supported in their education. For more information on these services and their involvement please see:

<https://thewhitehorsefederation.org.uk/training-support/inclusion-team>

The school has identified your child would benefit from the services of: (school please tick **one** service):

- [Social, Emotional and Mental Health needs \(SEMH\) Support Team](#)
- [Communication and Interaction Advisory Teacher](#)
- [Educational Psychologist \(EP\)](#)

### Information Sharing:

By signing this form, you consent to the sharing of your child's information within The White Horse Federation and more widely, for example, with the local authority and other professionals involved in supporting your child. More information about how, why and with whom information might be shared can be found within the Inclusion Team Privacy notice on our website at

<https://thewhitehorsefederation.org.uk/about-our-trust/key-information>

### Consent:

By signing this form, I agree to the following:

- I give consent for the **identified team above** to support my child and I understand what this might involve. I have discussed this with school staff and/or read the information provided about the specific service for my child.
- I understand I can withdraw permission for the specific service to work with my child at any time by putting this in writing to the school SENCO.

**Please aim to gain consent from all adults with parental responsibility:**

	Adult 1	Adult 2
Name of person giving consent:		
Relationship to child:		
Signature:		
Date:		

**Name of child/young person if they are 13 or over:**

Signature:

Date: