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| **Consent Form** |

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**Privacy Notice – UK General Data Protection Regulation**

The data you have provided in this referral form will be used by Health and Care Portsmouth.

The sharing of information between agencies is an important part of the neurodiversity multi-disciplinary team's work, as it provides a fuller picture of a child or young person’s strengths and needs. Sharing information allows us to consider a range of support options to help determine the most appropriate support for your child, or for you if you are aged 16-18 years old.

You are completing this consent form as we may need to conduct a number of assessments. Some assessments we use in the neurodiversity team are:

* Qb Test
* Autism Diagnostic Observation Schedule (ADOS)
* School observations
* Questionnaires
* Discussions with partner agencies such as school, social care and health

Information on these tools can be found on our Family Assist website. [Family Assist Home (custhelp.com)](https://solent-family-assist.custhelp.com/) - click on the neurodiversity tab.

The information that you provide within this form will be processed in accordance with UK Data Protection law. It will be treated as confidential and will only be used for the purposes of the provision of education, social care, and health services. For more information about how we use your data, and your data protection rights, please refer to the privacy notice on our website - link on website.

If you have any concerns about the proposed sharing of your data for the purposes outlined above, please speak to Claire Mason (Neurodiversity Service Manager)

**Consent:**

The legal basis for the collating, using and sharing of information, covered by this form is:

* UK GDPR 6 (1)(c) – processing is necessary for compliance with a legal obligation to which the controller is subject.
* UK GDPR 6 (1) (e) – processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.
* UK GDPR 9 (2)(h) – processing is necessary for the provision of health or social care or treatment or the management of health and social care systems and services.
* Data Protection Act 2018, Schedule 1, Part 1 lists a number of purposes that are applicable to the processing being undertaken. The Services are provided to fulfil the obligations of the different Commissioners under the Health and Social Care Act 2012 and are provided under contract to those commissioners.

If you any objections to the sharing of information, between the joint working partners who provide this service, we will be unable to continue with the assessment, but will discuss alternative options with you.

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| **SECTION A: Consent from parent for a child age of 11 and under** | | |
| I agree that the information in this form can be used by the Neurodiversity team. | |  |
| Name of Child/Young Person: |  | D.O.B: |
| Parent Name: |  | |
| Signed:  (Parent) |  | |
| Date: |  | |
| **SECTION B: Consent from parent for a child/young person aged 12-15, and from the child/young person where possible.** | | |
| I agree that the information in this form can be used by the Neurodiversity team. | |  |
| Name of Child/Young Person: |  | D.O.B: |
| Signed:  (Child/Young Person) |  | |
| Parent Name: |  | |
| Signed:  (Parent) |  | |
| Date: |  | |
| **SECTION C: Consent from young person aged 16+** | | |
| I agree that the information in this form can be used by the Neurodiversity team. | |  |
| Name of Child/Young Person: |  | D.O.B: |
| Signed:  (Young Person) |  | |
| Date: |  | |

Please email the completed form to: Neurodiversity0-19Enquiries@portsmouthcc.gov.uk