

High Incidence Needs Team (HINT) Parental Consent Form

Name(s) of Parents(s)/Person(s) with Parental Responsibility

Title Forename Surname

Contact Number

Address

Postcode Email:

Relationship to child

I have had the opportunity to discuss my child's progress and any needs that they may have in relation to their learning with their school.

I am happy that the school make a referral to the Special Educational Needs Improvement Team SENIT.

I understand the information recorded on this form and that it will be stored and used only for the purpose of providing service to myself, or a child for whom I have parental responsibility.

Please tell us what outcomes you are hoping for if the High Incidence Needs Team becomes involved with your child.

PLEASE TICK THE AGENCIES HINT HAS PERMISSION TO SHARE INFORMATION WITH

To comply with GDPR legislation please tick the people/agencies which you agree HINT can share information with as and when appropriate. This may include, for example, reports and verbal discussions for the benefit of my child.

Early Years Inclusion and Assessment Team

Adult Services (at Transition)

Behaviour Support Services

Educational Psychology Service

Low Incidence Needs Team

Speech and Language Therapy Department

Occupational Therapy

Children and Young People's Service

Bowel and Bladder Service

Physiotherapy

Consultants/Paediatricians/GP's

Please note: You have the right to withdraw consent at any time by contacting SENIT Support at senitsupport@gateshead.gov.uk

Signed:

Name:

Date:

Any enquiries can be made to: SENIT Business Support Team, Dryden Centre, Evistones Road, Gateshead NE9 5UR. Tel No: 0191 433 8530. Email: BeverleyMurphy@gateshead.gov.uk

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