

# Early Years SEND Funding Parent / Carer Consent Form



## Child Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

School or setting name \_\_\_\_\_

## Parent/Carer Declaration

I give consent for my school or setting to submit an application for funding to support my child. I understand this application will be considered at the Early Years SEND Panel which is attended by a range of professionals from different agencies including council, health and school staff.

I understand I can request a copy of the application form from my school or setting.

I understand the details on this form will be held in accordance with the Data Protection Act 1998 and for my information to be shared with other services or agencies to meet specific requirements for my child.

I understand that I will be required to complete a monitoring form at the end of the funding period.

Parent/carers signature \_\_\_\_\_

Print name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_