**Neurodevelopmental Assessment Service**

**PARENT/CARER TRAINING & INFORMATION SESSIONS DATABASE CONSENT FORM**

|  |  |  |
| --- | --- | --- |
| **CHILD’S NAME** |  | **DOB:**  |
| **CHI:**  |
| **Child’s Address** |  |
|  |
|  | **Postcode:**  |
| **Parent/Carer Name (1)** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Address (if different from child)** |  |
|  |
| **Parent/Carer Name (2)** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Address (if different from above)** |  |
|  |
| **School/Nursery Attending** |  |
|  |
| **Diagnosis Given** **e.g. ADHD** **DCD** **ASD** |  |
| **Date:** | **Diagnosed By:** |
|  |
| **I give permission for my name and contact details to be given to those indicated below who are organising Parent/Carer’s information sessions and training. This includes mailing lists to receive relevant information and invitations to events relevant to additional support needs (ASN). Please note you can unsubscribe from any of these mailing lists at any time (unsubscribe instructions are included in every contact).**[ ]  The Pines and Local Training Team (staff in Highland Council and NHS Highland services)[ ]  National Autistic Society (NAS) (charity based at the Pines supporting families)[ ]  Thriving Families (charity based at the Pines supporting families)**(Tick as appropriate)****Your details will be stored in accordance with the privacy notices from:** **The Highland Council (**[**https://www.highland.gov.uk/directory\_record/1057384/additional\_support\_needs**](https://www.highland.gov.uk/directory_record/1057384/additional_support_needs)**),** **The National Autistic Society (**[**https://www.autism.org.uk/get-involved/about-us/website/data.aspx**](https://www.autism.org.uk/get-involved/about-us/website/data.aspx)**) and** **Thriving Families** [**https://www.thrivingfamilies.org.uk/**](https://www.thrivingfamilies.org.uk/)Please sign below to indicate you are aware of these privacy notices and consent to your information being used as indicated. Then return this form to the Pines: the.pines@highland.gov.uk Print name: Signature: Date: |