**Barnardo’s Children’s Services**

**Parental Consent to Receive a Service**

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| --- | --- |
| Name of service | Tower Hamlets Emotional Wellbeing & Mental Health Service (THEWMHS) |
| Name of child or young person |  |
| Age of child or young person |  |
| Name of person giving consent\* |  |
| Relationship of person giving consent to the child |  |
| Name of worker obtaining parental consent |  |

***\*****If this is not a parent it must be someone with legal responsibility for the child or young person.*

I have received a copy of the “Your Data, Your Rights” Privacy Notice and the details of the service being provided have been explained to me. **Yes/No**

I understand that a record will be maintained of the service provided by Barnardo’s and a Privacy Notice has been provided by Barnardo’s. **Yes/No**

I understand that THEWMHS will share limited information with our GP and may share and receive information with other professionals including social care and schools as detailed in the Privacy Notice. **Yes/No**

I understand that I may withdraw from provision of this service at any time. However, the record of the service provided will be retained by Barnardo’s as explained in the Privacy Notice. **Yes/No**

If I have any questions or worries about the information being recorded about my child, I understand that I can discuss this with the clinician or the manager of the service. **Yes/No**

I agree to Barnardo’s contacting me after completion of this support, for the purposes of obtaining feedback and to provide information about other services and activities that may be of interest by phone/text. **Yes/No**

I give permission for my child to receive a service from Barnardo’s THEWMHS **Yes/No**

|  |  |
| --- | --- |
| Signature of parent giving consent |  |
| Date |  |

*Form to be scanned into child or young person’s case file or group file if there are no individual case files.*