CONSENT FOR INVOLVEMENT

Vision Support Service
Education Inclusion Services
PO Box 634 Barnsley S70 9GG
Tel no: 01226 773577
Email: adminintegratedinclusionservices@barnsley.gov.uk

Child's details

Surname	Forename	Date of Birth	Year group	Gender

Address	Parent(s)/Carer(s) Name(s) Contact number(s): Email address:

SEN support	EHCP	Looked after child	EHA	CIN or CP

Requester's Details

Name and Role:	Educational Setting: Name of SENCo:
Email and Telephone:	

I confirm that I have shared information with the child/ young person and parent/carer about Vision Support Service and the involvement has been discussed.

Signature: **Date:**

Reason for service request

What is the child's eye condition/s?
Please provide supporting ophthalmic information

To access Sensory Support Service involvement both boxes below need to be signed		Date:
I agree to having direct involvement with Sensory Support practitioner/s/ and understand that any information that is not needed will not be collected. I agree that any relevant information will be shared with appropriate other professionals such as other BMBC services, services commissioned by BMBC and Health services and that the Sensory Support Service will not share my information with anyone else without my consent.	**Parent/ Carer name and signature:**	
	From age 16+ name and signature:	
I give my permission for BMBC to retain and process this information for the purpose outlined above, as without this BMBC cannot provide this service. I am aware that I can withdraw consent at any time. If I decide that I no longer wish for the service to be involved, I will contact the service at adminintegratedinclusionservices@barnsley.gov.uk or 01226 773577	**Parent/ Carer name and signature:**	
	From age 16+ name and signature:	

In order for the Sensory Support Service to obtain medical information about your child please complete this section

I agree to the Sensory Support Service seeking medical information regarding my child from the clinic he/she attends. Information is usually sent in the form of a letter to the Eye Clinic involved with your child. The information received will be treated confidentially and used only for educational purposes. **Name of Eye Clinic involved:** **Name of Optician involved (if applicable):**	**Parent/ Carer name and signature:**	

At BMBC we are committed to protecting and respecting your privacy. For further details on how your information is used, how we maintain the security of this and your rights to access the information we hold about you, please refer to www.barnsley.gov.uk/privacy