



STEPS4WARD

PUPIL THERAPY SESSIONS PARENTAL CONSENT FORM



_____ (name of referring school)

wish to refer your child/children for STEPS4WARD therapy sessions provided by Collins-Donnelly Consultancy. The school should have provided you with a leaflet on STEPS4WARD therapy.

As part of the referral process, the school may provide us with relevant background information on your child/children. If your child/children's therapist requires any further background information from any other professionals, such as your child/children's doctor, he or she will ask you (and/or your child/children where appropriate*) if it is ok to contact them for this. All information provided will be held securely and confidentially and in accordance with the Data Protection Act and the new General Data Protection Regulations (GDPR).

Anything your child/children tell their therapist will be kept confidential by their therapist.

There may be circumstances when the therapist feels it is in the best interest of your child/children for your child/children or their therapist to share certain information or strategies discussed in therapy with you and/or their school. If this is the case, the therapist will discuss this with your child/children to see if they consent*.

In addition, if your child/children's therapist believes that your child/children or another child has been hurt or is at risk of being hurt or that your child/children are at risk of harming themselves or another person, he or she may have to tell someone. Your child/children's therapist may also have to reveal information if requested to do so by the courts or if information is revealed relating to a serious crime, act of terrorism or money laundering.

*Please note that consent can only be sought directly from your child/children when they are capable of providing informed consent.

CONSENT STATEMENT

As the parent/legal guardian of _____
(pupil(s) name), with an understanding of the conditions above, I give permission for them to participate in STEPS4WARD therapy sessions provided by Collins-Donnelly Consultancy at _____ (name of school).

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PRIVACY STATEMENT

I have read and understand Collins-Donnelly Consultancy's Privacy Policy and I consent to Collins-Donnelly Consultancy processing my child's personal information in the manner detailed in the policy. I understand I can withdraw this consent at any time and how to do this.

CONFIDENTIALITY STATEMENT

I understand the information supplied to me about the therapy being offered and that my child's therapist may need to share information with an appropriate third party to prevent serious harm to my child or others, if there is a safeguarding issue or if required to do so by law.

Signature _____ Name _____

Contact telephone number _____ Date _____