

## Secondary Support Services



### Secondary Outreach Consent Form

All schools to please send a scanned copy of the physically signed letter to Better Together Learning Trust with the request for support or re-request for support form to [outreach@bettertogetherlearningtrust.org](mailto:outreach@bettertogetherlearningtrust.org)

|                 |                      |             |                      |
|-----------------|----------------------|-------------|----------------------|
| Name of school: | <input type="text"/> |             |                      |
| SENCO:          | <input type="text"/> |             |                      |
| Pupil's name:   | <input type="text"/> |             |                      |
| DOB:            | <input type="text"/> | Year group: | <input type="text"/> |

Dear Parent/carer,

**Please sign below to say you consent to: Your child's request for support to BTLT outreach service.**

The BTLT consultant will work with staff from your child's school, **including transition** for example, Year 6-Year 7 transfers, to support the school with strategies to help your child engage and progress in school. The consultant may observe your child in class and will speak with them as part of the process.

The consultant will send notes from the visit to the school so parents can be kept informed of their child's progress. Any notes about your child will be held in accordance with the Data Protection Act (2018) and the General Data Protection Regulation (2016).

As part of this process information may be shared with, and received from, professionals within the local authority and support services, to offer further advice in meeting individual needs.

The consent will remain valid for a period of 24 months following completion of this form. You retain the right to withdraw your consent at any time by contacting us at Better Together Learning Trust: [outreach@bettertogetherlearningtrust.org](mailto:outreach@bettertogetherlearningtrust.org)

**I consent to the above. (\*\* Please ensure this form has been physically signed before returning.)**

|                       |                      |       |                      |
|-----------------------|----------------------|-------|----------------------|
| Name of parent/carer: | <input type="text"/> |       |                      |
| Signature:            | <input type="text"/> | Date: | <input type="text"/> |

