

# High Incidence Needs Team (HINT) Parental Consent Form

## Name(s) of Parents(s)/Person(s) with Parental Responsibility

Title  Forename  Surname

Contact Number

Address

Postcode  Email:

Relationship to child

I have had the opportunity to discuss my child's progress and any needs that they may have in relation to their learning with their school.

I am happy that the school make a referral to the Special Educational Needs Improvement Team SENIT.

I understand the information recorded on this form and that it will be stored and used only for the purpose of providing service to myself, or a child for whom I have parental responsibility.

Please tell us what outcomes you are hoping for if the High Incidence Needs Team becomes involved with your child.

**PLEASE TICK THE AGENCIES HINT HAS PERMISSION TO SHARE INFORMATION WITH**

To comply with GDPR legislation please tick the people/agencies which you agree HINT can share information with as and when appropriate. This may include, for example, reports and verbal discussions for the benefit of my child.

**Early Years Inclusion and Assessment Team**

**Adult Services (at Transition)**

**Behaviour Support Services**

**Educational Psychology Service**

**Low Incidence Needs Team**

**Speech and Language Therapy Department**

**Occupational Therapy**

**Children and Young People's Service**

**Bowel and Bladder Service**

**Physiotherapy**

**Consultants/Paediatricians/GP's**

Please note: You have the right to withdraw consent at any time by contacting SENIT Support at [senitsupport@gateshead.gov.uk](mailto:senitsupport@gateshead.gov.uk)

**Signed:**

**Name:**

**Date:**

**Any enquiries can be made to: SENIT Business Support Team, Dryden Centre, Evistones Road, Gateshead NE9 5UR. Tel No: 0191 433 8530. Email: [BeverleyMurphy@gateshead.gov.uk](mailto:BeverleyMurphy@gateshead.gov.uk)**

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