**Appendix One**

**Parental Consent for Information to be shared at local authority funding panel meeting**

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| --- | --- | --- | --- |
| **Name of child/young person** |  | | **Date of birth** |
| **Home address** | **Post code:** | | |
| **Name(s) of parent/carer** |  | | **Parental responsibility Yes/No** |
|  | | **Parental responsibility Yes/No** |
| **Others with parental responsibility?** | **Yes/No** | **Name** | **Address** |

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| --- |
| **CONSENT** |
| By signing this form you agree that Birmingham City Council (BCC) can share confidential information about your child at a local area panel meeting. You understand that the information generated through the work of this panel, will be shared in accordance with BCC’s Information Sharing Protocols with professionals or organisations that:-   * are already involved with your child or young person; * the local authority panel consider necessary, in order process the application for enhanced provision   The paper and electronic records used during, or created for this application will be kept safe and destroyed in accordance with BCC’s policies. Please note that you are entitled to request a copy of the information that BCC holds about you or your child; for more information, contact Birmingham City Council’s Corporate Information Management Team at: PO Box 16366. Birmingham B2 2YY  Email: [infogovernance@birmingham.gov.uk](mailto:infogovernance@birmingham.gov.uk) or via the website: [Freedom of information request | Make a freedom of information request | Birmingham City Council](https://www.birmingham.gov.uk/info/20154/foi_and_data_protection/408/make_a_freedom_of_information_request) |

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| --- | --- | --- | --- |
| **Parent/carers**  **(Please print name)** |  |  | |
| **Signature** |  |  | |
| **Date** |  |  | |
| **Child or young person**  **(Please print name)** |  | | |
| **Signature** |  | | **Date:** |