



**Supporting school and home life to help children make the most of every school day**

The Wyre Forest and Hagley Project provides a Home School Link Service. To help us provide this service to you, we would like your permission to collect and store information about you and your family and, where appropriate, to share this with other agencies and organisations, including schools. We may also need to access information they hold about you. The purpose of this would always be to try to support you. Organisations working with children and families in Worcestershire may typically hold the following types of information:

Name, address, phone number, date of birth, gender and ethnicity, parent or guardian information, education information, GP/school nurse and health/medical information, details of multi-agency working and contact you have had with partner organisations, details of assessment of your family's needs that we or other partner organisations may be able to help you with.

You have the right to withdraw consent at any time by informing your allocated WHP Home School Link Worker or your child's primary school. Parents, carers or guardians need to sign on behalf of their children. To measure the impact of the service over time we may contact families after support has ended. Further details regarding data we request and store are in our **General Data Protection Regulation Policy** which can be found on our website at [www.continu.org.uk/whp](http://www.continu.org.uk/whp) along with our **Privacy Notice** and our **Trust Data Retention Schedule**. You are advised to read these documents before signing your consent.

**Parent/ Carer Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Relationship to child/ren:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Child/ren in the family:**

First name	1	2	3	4	5
Surname					
Date of birth:					
School:					

**Information is NOT to be shared with these people or organisations:** \_\_\_\_\_

**Do the children live with you? YES / NO** **Parent/Carer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**How did you hear about WHP?** \_\_\_\_\_

For school referral only

**WHP Lead in School Name:** \_\_\_\_\_ **WHP Lead in School signature:** \_\_\_\_\_

<p><u>Office Use</u> Date Received: Date / Actions:</p>
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