

Ref: Notice of Proposal Consent Form

CONFIDENTIAL

CONSENT FORM

Name:			
Date of birth:		Male/Female:	
Address:			
Daytime Telephone No:			

PLEASE COMPLETE ALL SECTIONS

MY VIEWS ON THE PROPOSED ASSESSMENT	
Do you wish the request for EHC Needs Assessment to be considered?	
Will another person be acting on your behalf throughout the process? If yes, please complete: Name: Relationship to you: Contact Details, including address if different from above:	

Data protection Act 1998: Assurance of Fair Processing Please note that personal information which is held as a result of the assessment will be protected under the terms of the Data Protection Act 1998 and within the terms of the County Council's own Data Protection Registration.

Signature:

Name:

Date:

WHEN COMPLETED THIS FORM SHOULD BE RETURNED TO:

SEND Support Officer