|  |  |  |
| --- | --- | --- |
| **PARENTAL CONSENT FORM for Early Years Inclusion Fund [EYIF]**  Any information provided will be used by the Early Years Inclusion Panel to help us make decisions about whether your child qualifies for additional funding to support their emerging SEND. Your information will be treated as confidential and stored in a secure way. It will only be shared with other council services and partner organisations to ensure our records are kept accurate. It will be viewed by those on the Early Years Inclusion Fund Panel.  We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information please refer to the Council’s Privacy Statement on [www.solihull.gov.uk](http://www.solihull.gov.uk)  **Your records will be kept for 25 years for audit purposes and in the event we need to provide information about the service you have received.** | | |
| * I confirm I understand why you want my information and I have had the opportunity to consider this. | Yes  ☐ | No  ☐ |
| * I agree that the information will be shared with other professionals who are already involved with my child, or other agencies that may become involved in the course of any support offered to my child. This will be done in accordance with Solihull Metropolitan Borough Council’s Information Sharing Protocols. This will only be information that is relevant and necessary and will only be shared with people who need that information at that time. | Yes  ☐ | No  ☐ |
| * I understand I can opt out and withdraw my consent at any time by contacting the Early Years Team on 0121 704 6150 or via email at [eyenquiries@solihull.gov.uk](mailto:eyenquiries@solihull.gov.uk) | Yes  ☐ | No  ☐ |
| * I give my consent for you to record and hold my information for the purposes explained to me. | Yes  ☐ | No  ☐ |

**Child’s name………………………………………………………..**

**Name of parent/carer:** …………………………….………………………….………

*(please print)*

**Signature:** …………………………………………………………….….

**Date:** ………………………………

**Please note:** We **cannot** process an Early Years Inclusion Fund application without agreed consent against the list above (*you confirm that parents and carers agree to this)*. Parents should be aware of the content of this form. EYIF panel need agreement of consent the setting will be responsible for this.