



Consent to share information

Child/Young Person's Details	
Name	
Date of Birth	/ /
Young persons' Contact details (Email and/or phone number)	

I, _____ (name) consent to information being shared between the Special Educational Needs Assessment (SENA) Service and the named person/s below in relation to my Special Educational Needs.

Name of person granted consent	
Relationship to Young Person named above	
Contact details of person (Email and/or Phone Number)	
Name of person granted consent	
Relationship to Young Person named above	
Contact details of person (Email and/or Phone Number)	

Any special circumstances that SENA should be aware of in regard to this consent: *(i.e. if you wish to be included in communication sent by SENA or only wish for certain information to be shared with the person)*

I understand that I will need to contact SENA Service as soon as possible to advise of any changes to this consent as information may still be shared without notice if these changes are not communicated.

Signed		Date	/ /
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Special Educational Needs Assessment & Commissioning Service, Children & Family Services
Leicestershire County Council
County Hall

www.leicestershire.gov.uk

