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| **6 Consent for Referral for Advice and/or Assessment** | |
| **Information from external services can only be sought with the consent of the child/young person’s parent/carer, or the young person themselves if aged 16+ and the young person has capacity. We will only refer to these services if there is evidence that they are/have been involved with the child/young person, or that the child/young person has special educational needs which may require their involvement. If you decide not to consent to this referral it may delay any assessment that takes place.** | |
| **I give permission for you to contact the services listed in Part 5 above, and pass on to them details on this form about my child / young person.** | **Signed** (electronic signature only otherwise please print off and sign)    **Relationship to child/young person**  **Date** |
| **I am over 16 years old and I give my permission for you to contact these services and pass on to them details about me on this form.** | **Signed:** (electronic signature only otherwise please print off and sign)    **Date** |