



PARENTS'/GUARDIANS' CONSENT FORM

The Minister for Education and Skills, and his or her servants or agents, may hold and process information which has been gathered arising from the visiting teacher's work with your child. This may include, but not necessarily be limited to, referral information, results of any assessments, records of any work carried out by the visiting teacher and findings recorded by the visiting teacher. A summary of this work will be held in electronic format. A person has the right under the Freedom of Information Acts 1997 and 2003 to apply for access to records containing this information. This information will be treated as confidential information or personal information, or both, for the purposes of the Freedom of Information Acts.

For the purpose of the Data Protection Acts 1998 and 2003, the information will form part of the personal data of the Minister for Education and Skills. The purpose of holding this information is to assist with the support provided by the visiting teacher which may include consultation with other relevant third parties, making of recommendations, and preparation of statistical information. The Minister for Education and Skills may also supply all or part of the information to third parties as appropriate for these purposes. A person has the right to request a copy of the personal data relating to him or her which the Minister for Education and Skills holds.

By signing this form, THE UNDERSIGNED consent to the collection and use of the information as described.

I/We consent to the provision of support to my/our daughter/son by the visiting teacher service. I/We understand that the support may include individual work with my/our daughter/son and the administration of assessments by the visiting teacher.

I/We understand that the principal of my/our daughter's/son's school has agreed to this support being provided. I/We also understand that the results of any assessments carried out by the visiting teacher will be made known to the principal and where the principal considers it relevant to other members of the school staff.

*(Please complete all the details below **in block capitals** and sign)*

Name of Child:..... **Date of Birth:**.....

Home Address:

.....

School (if attending school): **Class/Year:**

Who has legal custody of the child?

Both Parents / 2 or more Legal Guardians

One Parent/Guardian

(Only those who have legal custody of the child should sign):

Name of Mother:.....

Name of Father:.....

Or Legal Guardian (1):.....

or Legal Guardian (2):.....

Contact phone Number (1):.....

Contact phone number (2):.....

Signature.....**Date:**.....

Signature.....**Date:**.....