



Name of child/young person: .....

Date of birth: .....

Year Group: .....

Setting/School: .....

Agreement between \_\_\_\_\_ and Trudi Rainsberry from Independent Autism Advice Limited to work with \_\_\_\_\_.

I/we give permission for Trudi Rainsberry to be involved with my/our child and understand that my/our child will have information stored in accordance with the requirements under the General Data Protection Regulation (GDPR).

My child/young person is working with Trudi Rainsberry for the purpose of:

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SENDCo/Head Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Autism Specialist Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**General Data Protection Regulation (GDPR):**

You have the rights under the Data Protection Act 2018, including the right to: request personal data be updated; withdraw your consent for information to be processed; request a transfer or deletion of your data. Please visit our website [www.independentautismadvice.com](http://www.independentautismadvice.com) for our privacy notice.