**Child/ Young Person Information**

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| --- | --- | --- |
|  |  | **REGISTRATION FORM** |
|  |  |

First Name

Last Name

School

Child’s type of SEN

Child’s current Support
level (SEN Support /EHCP)

Ethnicity D.O.B

**Parent Information**

First Name(s)
Last name(s)
Mobile /Tel
Email Address
Address

Postcode

How did you hear about
us?

What help are you looking
for?

Would you like to join our mailing list? Y/N

**Data**

We will use your data to provide you with Information and Advice regarding Special Educational Needs. Your data will be stored on our secure database (Crossdata) and accessed by IAS staff only. You can withdraw consent at any time by emailing ias@rbwm.gov.uk and have the right to be asked to’ be forgotten’. I confirm that I understand that IAS will securely store my data for 6 years and will not share it without my express consent.

Signature.......................................................................................Date

|  |  |
| --- | --- |
|  | E: ias@rbwm.gov.uk T: 01628 683182 |