**THIS FORM ONLY TO BE COMPLETED, BOXES TICKED AS APPROPRIATE, SIGNED, DATED AND RETURNED**

**PRIVACY STATEMENT AND DATA PROTECTION - CONSENT TO PARENT AND YP AGREEMENT**

I am registered with the ICO (Information Commissioners Office) Ref.No. ZA752856, which means that I need to tell you what data I am collecting about your child and what I intend to do with it.

**Data Storage**

Identifiable data – Your child’s identifiable data captured on this form will be stored in a locked cabinet and destroyed by shredding one month after your counselling has ended. If your preferred method of contact is by phone or text, the number will be stored in my password-protected mobile phone using the client reference and the word “client”. This will be deleted one month after your counselling has ended.

Non identifiable data – I have regular Clinical Supervision where I talk about my work and discuss anonymised session notes. Anonymised notes will be stored in a locked filing cabinet or on a password protected electronic device for a period of up to 5 years in line with the requirements of my insurance. For clients under the age of 18, these notes will be kept for 8 years after the client turns 18 i.e. until their 26th birthday. After this time these notes will be shredded/deleted.

**Processing Data**

Your child’s data will never be actively shared except where required by law such as if my notes are requested via a court summons. If life or safety are seriously threatened, I may have to contact your child’s GP or pass information on to the relevant authorities. Wherever possible I would discuss this with you and your child beforehand.

**Please sign below to confirm your consent to me using your/your child’s data in this way**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Email Address** |  |
| **Mobile / Telephone number** |  |
| **Doctor’s Name / Surgery** |  |
| **Preferred Emergency Contact** |  |

**I further confirm that I have read and agree to the following documents provided via email (please tick as appropriate):**

Parent Agreement:

Young Person’s Agreement:

COVID Risk Agreement:

Walk and Talk Agreement:

**Parent Sign: ……………………………………………………………… Young Person Sign: ……………………………………………………….**

**Counsellor Sign: Date: ……………………………………….**

