

Inverclyde Educational Psychology Service

Parental/Carer Consent form Data Protection Act 1998



Young person's name:	Date of birth:
Address:	Telephone number(s):
Post Code:	
School:	

Please tick

I confirm that I have read and understand the attached information sheet relating to my child taking part in the evaluation of the Seasons for Growth programme and filling in a short questionnaire at the beginning and end of the programme.	<input type="checkbox"/>
I understand that the information collected for this evaluation will be kept confidential and may be included in the final evaluation report but will not reveal the identity of my child.	<input type="checkbox"/>
I understand that taking part in this evaluation is a choice and that my child can withdraw at any time without giving a reason.	<input type="checkbox"/>

I Consent

I **do not** Consent

Signature of Parent/Carer:	Date:

