**AUTISM SUPPORT SERVICE**

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| **CYGNET TRAINING** | | | | | | |
| **Child’s Information** | | | | | | |
| Name: | | | | | | |
| Date of Birth: | | | | | | |
| **Diagnosis** (Please tick or highlight which service gave your child their diagnosis): | | | | | | |
| Northumberland Paediatrician under 5s: | | | | | | |
| Northumberland Children and Young People’s Service (CYPS) over 5s: | | | | | | |
| **How would you like to attend the training. Please tick or highlight which you would prefer:** | | | | | | |
| **Virtually:**  **Face to Face:**  **Could you please make sure that you add your email address if you have one as we will need this to send any correspondence in relation to the course. Any information will be emailed from** [**HINT@northumberland.gov.uk**](mailto:HINT@northumberland.gov.uk) **please also check your Junk/Spam folders.** | | | | | | |
| **Where would you like to attend the training?**  Please tick or highlight your preferred location below you only need to fill this part in if you would like a face to face course. | | | | | | |
| Central  (Cramlington) | | | | South East  (Blyth) | | |
| North  (Alnwick) (Berwick) | | | | West  (Prudhoe) | | |
| Date | | | | Referrer (if not Parent or carer)  Telephone Number | | |
| How did you hear about the Cygnet training? | | | | | | |
| **INFORMATION ABOUT PARENTS/CARERS**  Only provide information of the parents/carers who wish to attend the course | | | | | | |
| **Parent or Carer 1** | | | | | | |
| Title: | | | | Relationship to child: | | |
| First name: | | Surname: | | | | |
| **Address**: | | | | | | |
| Home Telephone: | Work Telephone: | | | | Mobile: | |
| Email: | | | | | | |
| **Parent or Carer (2)** | | | | | | |
| Title | | | | Relationship to child | | |
| First name | | Surname | | | | |
| Address:  Post Code: | | | | | | |
| Home Telephone | | | Work Telephone | | | Mobile Telephone |
| Email: | | | | | | |

**SEND SUPPORT SERVICES**

**Parent/Carer Consent Form**

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| **Name of Child/Young Person:** | **Date of Birth:** |
| **Name of adult with parental responsibility:** | |
| **Address:** | |
| **Relationship to child/young person:** | |
| **I agree to the Autism Support Service collecting data for the Cygnet course.**  **I understand that I may review this consent at any time.** | |
| **Print name of adult:** | |
| **Signed:** | **Date:** |

**GENERAL DATA PROTECTION REGULATION 2018 PRIVACY STATEMENT**

**Northumberland County Council is the data owner of the information collected by our service. The information collected will enable us to assess the support/requirements that would help to achieve better outcomes for your child / young person’s education and development. We will not provide your personal information to any other external organisation or individual unless it is lawful to do so or where you have provided explicit consent to do so. Personal data will be held securely, then destroyed in line with the Northumberland County Council retention schedule. The Council’s retention schedules and Privacy Notice can be found on the Council’s website. The ‘Northumberland Inclusive Education Services - How We Handle Your Information’ notice can be found on each Inclusive Education Service webpage.**

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| Return The Completed form To: |
| **Autism Support Service**  **Northumbria House**  **Manor Walks Shopping Centre**  **Cramlington**  **Northumberland**  **NE23 6UR**  **Tel: 01670 624802**  **or email to hint@northumberland.gov.uk** |