

EDUCATIONAL PSYCHOLOGY SERVICE

Principal Educational Psychologist: Nick Balchin
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Falkirk Council

Children's Services

FALKIRK COUNCIL EDUCATIONAL PSYCHOLOGY SERVICE CONSENT FOR INVOLVEMENT

This consent form must be completed with a parent, young person (aged 12 years or over with capacity) or other person holding parental rights **PRIOR** to the first Team Around the Child meeting with the Educational Psychologist.

Name of child:	Gender:	Previous surname: (if applicable)
DOB:		
Address:	School/Establishment:	

Consent for EPS involvement may be given **verbally**, at the point where Educational Psychology involvement is raised with the parent/young person, for an initial consultation with the Educational Psychologist.

Signed consent will be required once it is agreed that Educational Psychology Service involvement is appropriate. Consent will be sought from you additionally where:

- We seek your participation in research or evaluation activity
- We are requesting assistance or making a referral for you or your child from another agency

Please sign to indicate that you give your consent for the Educational Psychology Service to become involved with your child. This means the Educational Psychology Service, in order to provide a service, will collect personal data about you and your child and share appropriate information with you or your child and with agencies that are part of the Team Around the Child.

Further information is available on the Educational Psychology Service website: <https://blogs.glowscotland.org.uk/fa/epservice/>

I understand that by giving consent for the Educational Psychology Service to become involved they will require to process data about me/my child in order to provide a service. Relevant information will be exchanged with their school and other involved agencies as appropriate and within the confines of the British Psychological Society Code of Ethics and Conduct (2009) and the Standards for Practitioner Psychologists of the Health and Care Professionals Council. I understand I have the right to withdraw my consent for Educational Psychology Service involvement at any time.

I am the person holding parental rights / I am the young person* (*delete as appropriate)

Name (print): _____ Date: _____

Signature: _____ **Relationship:** _____

Contact details: _____