



**\*\* DETACH AND KEEP THIS PAGE \*\***

### **Privacy Notice – How we use your information**

We are a service that provides information, advice and support to unpaid carers of all ages in Solihull. To be able to carry out our work we are required to hold up to date personal information.

We hold all the identifiable information you share with us and records of activity your child undertakes with us.

Please be advised that we hold any information shared on this form on our database. We will use contact details you've provided to us to keep in touch with you regarding services available to your child from Carers Trust Solihull.

#### **Important!**

**In line with the Data Protection regulations we will never share identifiable information without your consent, including names, contact details or medical information. The only exception to this would be if somebody is at risk of significant harm to themselves or others, or if a crime is committed. You can request to see information we hold, in writing.**

**Storing Information** Although we minimise information we hold, paper documents will be kept securely locked. Our Data Management System (Charity Log) is securely password protected. We also securely hold bank details for carers eligible for direct payment only. This information is kept confidential and used, where relevant, to support our work with you.

**Who and how is it shared** We are required to submit monitoring forms to funders about our work with carers. **We will never share personal information or in any way identifies you or the person who requires care.** To maximise support for you, we may also share information with other professionals about your engagement, only in your best interest and with your consent.

- Completion of this consent form is required for you to receive services from us
- You have the right to withdraw your consent at any time by contacting us at our offices – contact details below
  - Our Data Protection Officer is Brandon Scott-Omenka, CEO

**Carers Trust Solihull, Solihull Fire Station Annexe, 620 Streetsbrook Road, Solihull, B911QY**  
**0121 788 1143 [www.solihullcarers.org](http://www.solihullcarers.org) [centre@solihullcarers.org](mailto:centre@solihullcarers.org) Charity No. 1092613**

## YOUNG CARERS AGED 5 – 17 YEARS CONSENT FORM

Due to the nature of the work we do, we require you to complete this form before your child can participate in any activities or services provided by Carers Trust Solihull. This information will be kept on our database so that we can provide a safe service that meets your expectations.

This form is valid until a new consent form is issued or consent is withdrawn.

Please ensure that any changes to information given on this form are provided to us as soon as possible

### Young Carers details

Full Name of Child \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
 Tel No \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email \_\_\_\_\_  
 Ethnicity \_\_\_\_\_  
 GP practice \_\_\_\_\_  
 School your child currently attends \_\_\_\_\_

### Parent/ Guardian details

Full Name of Parent/Guardian \_\_\_\_\_  
 Address (if different to above) \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_ Email \_\_\_\_\_  
 Tel No \_\_\_\_\_ Mobile: \_\_\_\_\_

### Emergency Contact details

**(PLEASE NOTE THAT THE EMERGENCY CONTACT MUST LIVE AT A DIFFERENT ADDRESS)**

Full Name \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
 Tel No \_\_\_\_\_ Mobile \_\_\_\_\_

### DOES YOUR CHILD...

DOES YOUR CHILD...		Details
Have any medical conditions?	Yes / No	
Suffer from travel sickness?	Yes / No	
Take any regular medication for a critical / long term condition such as asthma or diabetes e.g. epi pen, insulin or inhaler?	Yes / No	Name and dosage of medication
Have any allergies e.g., nuts, penicillin, plasters?	Yes / No	
Have any dietary requirements?	Yes / No	
Have any additional needs?	Yes / No	
Have any behaviour problems?	Yes / No	

\*Please ensure your child has sufficient supplies of their medication when attending sessions/activities. Staff members are not authorised to administer medication. **Please note** - in hot weather, your child will be required to apply their own sunscreen, with staff supervision to ensure it is applied properly

### **Medical attention**

I give permission for my child to receive medical attention in an emergency

### **Images and Vocal**

Carers Trust Solihull often relies on funding through various sponsors (e.g. Children in Need) to carry out activities and projects. This is of great benefit to your child and allows them to engage in activities at no cost. As a result of which, photographs, videos and audio materials may be taken and used from the activities they are involved in. These may appear for use in any of the following:

- \* Young Carers Newsletter
- \* Young Carers Facebook page
- \* Promotional DVD's
- \* Young Carers Website/App
- \* Newspapers
- \* Online audio

I give permission for images / vocal materials to be used for above purposes

### **Information Sharing**

I authorise Carers Trust Solihull to seek information and copies of relevant documents and give permission to other parties who hold this information to provide it to Carers Trust Solihull upon request.

I agree for Carers Trust Solihull to seek and receive information from third parties

### **Activities**

As part of the service provided by Carers Trust Solihull, a child may take part in a number of one to one or group activities / projects provided by us

I give permission for my child to engage in any activity / project provided by Carers Trust Solihull

### **Transport**

Transport to and from activities may be provided. If transport is provided then it may be provided in a variety of ways such as:

- \* Taxi (social services approved with all drivers CRB checked)
- \* Company transport
- \* Solihull Young Carers staff personal vehicle
- \* Volunteers personal vehicle

I give permission for my child to be transported by a member of staff or volunteer of Carers Trust Solihull by any of the means listed above, including taxi (not supervised)

### **Our work with schools**

We work closely with schools to maximise the support your child receives.

I agree for my child's school to notified that he / she is a young carer

## Marketing and fundraising

I agree to be contacted with updates about services provided by Carers Trust Solihull and other information that may be of interest to me - by the following methods:

- Telephone
- Email
- Post
- Text

### THIS SECTION - To be filled in:

- by the person(s) that requires care (cared for)
- or by the parent/guardian of a child under 18 that requires care
- or on behalf of someone who requires care – with their permission

**NB:** If you care for more than 2 people, please can you add their details on a separate sheet of paper please and return to us with this consent form.

For the person named above to access our services we are required to hold the following Information about the PERSON(S) WHO REQUIRES CARE (CARED FOR):

*Condition of cared for (1):*

Cared for Ethnicity (1) \_\_\_\_\_  
Relationship to carer (1) \_\_\_\_\_  
Cared for Date of birth (1) \_\_\_\_\_  
Cared for Name (1) (Optional) \_\_\_\_\_

**If completing on behalf of someone else aged 18+**

I have permission from the cared for person detailed in this section to provide this information

My name : \_\_\_\_\_  
My relationship to cared for (1) : \_\_\_\_\_

For the person named above to access our services we are required to hold the following Information about the PERSON(S) WHO REQUIRES CARE (CARED FOR):

*Condition of cared for (2):*

Cared for Ethnicity (2): \_\_\_\_\_  
Relationship to carer (2): \_\_\_\_\_  
Cared for Date of birth (2): \_\_\_\_\_  
Cared for Name (Optional) (2): \_\_\_\_\_

**If completing on behalf of someone else aged 18+**

I have permission from the cared for person detailed in this section to provide this information

My name : \_\_\_\_\_  
My relationship to cared for (2) : \_\_\_\_\_

I have read, I understand and have ticked areas that apply to my child. I have read and removed the top page for my reference.

Signed (Parent/Guardian) \_\_\_\_\_  
Your Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Date \_\_\_\_\_