When you contact us, we will write down some details which we put into a computer.

If you say that you are happy for us to, we put these on a secure password protected database so we can read them when we need to.

We record information so we can:

* Make sure you get the services you need.
* Save you having to give us the same information more than once, if you contact us again and speak to a different person.
* Get an idea of what support young people, children and parents need.

The kind of information we keep about you includes:

1.Your name

2. Your postcode

3.Your telephone number

4. The name of Your Mum, Dad or adult you live with

4. Your date of birth

5. Your gender

6. What college you go to

7. Do you have an EHCP or do you get SEN support

8.What support you need and how we could help you

We will ask if you are happy for us to talk about what you need the with Local Authority, Thurrock Council, staff at your college or someone else who may be able to help you. We will not talk about you to anyone until you have said we can.

We will also ask if we can keep your telephone number on our mobile phones as a contact.

 If you would like us to delete your name and number when you do not need our help anymore, please tell us that on the form on the next page.

You can also tell us what information you want us to keep or delete when you feel that you do not need our help anymore.

**If you wish to change your mind at any time, please email: info@patt.org.uk**

On our computer we may have letters or forms that you or your Mum, Dad or Carer has sent to us or asked us to send to someone for you. You can ask us to show you these at any time.

|  |
| --- |
| 1.I will let PATT SENDIASS hold information to help them support me. 2.I do not want PATT SENDIASS holding information to help them support me. |
| 1.I will let PATT SENDIASS have my phone number on their phone.2.I do not want PATT SENDIASS to have my phone number on their phone. |

Please choose number 1 or 2 from each box.

|  |  |
| --- | --- |
| Signed: | Date: |

|  |
| --- |
| When I do not want you help anymore, I would like:Please tick * 1. PATT SENDIASS to keep my information in case I need help again

(If we have not heard from you within two years the records will be deleted) * 2.PATT SENDIASS to delete all my information

I understand I can change my mind at any time. |
| Signed: | Date: |

|  |
| --- |
| I will let Thurrock Local Authority give the Parent Advisory Team Thurrock (PATT) any information they have that may help me. |
| **My name:** | **Date of birth:** | **College:** |
| Signed: | Date: |

|  |
| --- |
| I will let PATT contact the college named above to discuss my needs and for the college to share information with PATT |
| Signed: | Date: |

|  |
| --- |
| I will let PATT contact my parent/carer to discuss my needs and for them to share information with PATTName of parent/carer: |
| Signed: | Date: |