Think Different Consulting – change your mind, not the child.



Consent Form

Your name:
Your child's full name:
Your child's date of birth:
Please sign below to indicate consent/preference around the following statements (six in total – I have highlighted those that apply to you):
1. I consent to Think Different Consulting storing my name, my child's name and date of birth, my email address and phone number, my home address (if required), details of my child's school, under the conditions laid out in the Think Different Consulting Data Protection and Retention Policy available at www.thinkdifferentconsulting.co.uk
Signed:
Date:
 I consent to Think Different Consulting storing any data I choose to share with them (this includes reports, emails, replies to emails and any other data pertaining to my child), under the conditions laid out in the Think Different Consulting Data Protection and Retention Policy available at www.thinkdifferentconsulting.co.uk
Signed:
Date:
3. I consent to Think Different Consulting storing any minutes or notes from meetings attended that relate to my child, under the conditions laid out in the Think Different Consulting Data Protection and Retention Policy available at www.thinkdifferentconsulting.co.uk. Minutes can be shared if requested.
Signed:
Date:
www.thinkdifferentconsulting.co.uk

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scl Dit	ly for clients who have asked me to observe/work with their child in a hool, college or education setting: I consent to Sadie Gillett, of Think ferent Consulting, observing and/or working directly with my child in their ucation setting, under the terms we have agreed via email.
Signe	d:
Date:	
Sa the	If y for clients whose child is accessing mentoring services: I consent to die Gillett, of Think Different Consulting, working 1:1 with my child, under a terms we have agreed via email. I consent to Sadie working with my child nen (please delete any you do not consent to): a. I am present throughout all sessions. b. I am in the house but not directly in the session. c. I am not present in the house when Sadie is working with my child.
Signe	d:
Date:	
6. Ple	ease delete as appropriate: a. I request that emails are sent to me using a secure system such as egress, which encrypts emails. b. I would prefer that emails are not sent encrypted, but that any names are referred to only by initials. c. I would prefer that emails are not sent encrypted, and that full names are used.
Signe	d:
Date:	