Privacy Notice and Consent Form (to be signed by parent or legal guardian)

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| Name of organisationAddressData protection officer name |  |  |

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| Consent for information about your child to be recorded and shared  |
| About us and what we do | Charity X is providing community-based mentoring support to children and young people. We are doing this as part of Scottish Government’s national intandem programme, mentoring Scotland’s young people. |
| Why we will hold information about your child  | We hold information about your child to allow us to provide your child with the best mentoring support possible and to understand what progress your child is making.  |
| What information we will collect about your child  | We will hold personal details about your child, like their age and where they go to school. From time to time we will ask them to tell us how they feel about themselves, what activities they take part in, and who they are close to. We will record this information to help us find the best mentor for your child and understand what progress your child is making.We will hold information about your child’s meetings with their mentor, when they take place, what activities they shared and how your child is progressing. We may also hold information about your child’s behaviour and what other adults think about your child’s wellbeing. |
| Who we will share this information with  | Normally, the information will be held and used only by us and the managers of the intandem programme. There may be times when we are asked to share the information we hold about your child with social workers and other people interested in their wellbeing. We may wish to include information about your child in case studies of mentees and mentoring. We will always ask you for your permission before we do this. |

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| The reasons why this information is going to be recorded and shared, what is being recorded and shared, and who it may be shared with have all been fully explained to me by Charity X. I also know that I can ask to see the information held about my child, and withdraw my consent at any time.I agree to Charity X recording and sharing my child’s information as described above.Name of child:Name of parent or guardian giving consent: Signature:Date: |