



Consent for Intervention

I, the undersigned client or parent/guardian authorise the Occupational Therapist, Speech and Language Therapist, Physiotherapist, Integrative Therapist (please delete as necessary) to:

- **Perform Assessments**
- **Carry out therapeutic interventions**
- **Provide recommendations, resources and training**

As deemed necessary for client.

I understand this intervention maybe carried out in my absence e.g. at school and that results of the assessment and the recommendations will be discussed with me.

Signed: Name _____ Date _____

Address _____

Relationship to Client _____

Consent for face-to face interventions during Covid -19 Pandemic

I, the undersigned have read the Evolve-CTS Policy in relation to Covid-19.

I agree to alert the treating therapist and/or Evolve Management team if there are any changes to circumstances resulting in face to face intervention becoming unsafe.

Risk Assessment for face to face visits during Covid-19

Have you or any member of the household been exposed to Covid -19 in the last 7 days? Yes/No

Could the clients therapeutic requirements be met through a remote intervention Yes/No

Is the client able to actively social distance? Yes/No

Is there outdoor space available for intervention Yes/No If no, is the indoor space ventilated Yes/No

Are you happy for touch-based intervention to take place with appropriate PPE Yes/No

Signed: Name _____ Date _____

Address _____

Relationship to Client _____

Photo/Video Consent

EVOLVE-CHILDREN'S THERAPY SERVICES LIMITED

is a limited liability company registered in England and Wales with its registered office at

7, Grange Way, Hartley, Kent, DA3 8ES. Company Number 08544486. ICO Membership No. ZA014091



I, _____ grant permission to Evolve Children's Therapy Services Ltd, to use photograph(s), video or electronic media images of myself or child as it relates to therapy intervention. I give permission to have such photographs, video or electronic images

- sent to me via mail, email or text
- used for educational purposes in-house
- used for educational purposes out to wider audiences
- used for promotional or advertisement purposes as it relates to Evolve Children's Therapy Services Ltd

- Evolve Children's Therapy Services Ltd website and promotional material.

I understand that I may revoke this authorization at any time by notifying Evolve Children's Therapy Services Ltd in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be kept as long as they are relevant and after that time destroyed.

Parent/Guardian Name _____
Child's Name _____
Phone _____ Email _____
Signature _____ Date _____

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7 Grange Way
Hartley
Kent
DA3 8ES
Telephone:01474 705040

Referring Agency: _____ Date: _____

Address: _____

Contact Name: _____

Telephone: _____

Childs Name: _____

D.O.B: _____ Age: _____

Consent for this Referral: (*Informed consent in this section must be obtained before submitting a request for a referral*)

I/We give consent for a referral for assessment to be made for the above named child to the service(s) indicated above.

Signed:

Relationship to child: Date:

Parent/Carers Details:

Contact Name: _____

Address:

Telephone: _____

Mobile: _____

Education Details:

Name & address of School or Nursery:

Brief Education History: _____

Is Therapy outlined on an EHC Plan? If yes, please attach as a separate form or email: _____

Diagnosis: _____

Services required:

Assesment:

Treatment:

Please tick all that apply:

Occupational Therapy

Speech and language

Physiotherapy

Specialist integrative therapist

Brief outline of plan (how many days or hours required)

Reason for referral:

Is funding agreed: Y N

Invoice address:

Data protection agreement

Please Tick to Agree

In this form, we will ask for some personal information (such as name, address, and postcode) and special data that needs more protection due to its sensitivity, such as health information.

This information will be held securely and will be used to provide you with the service you have requested.

Any processing will be performed in line with the requirements of the Data Protection Act 1998 and the forthcoming General Data Protection Regulation from 25 May 2018.

Evolve-CTS is registered with the Information Commissioner's Office under the reference number **ZA014091**. Further details about how we process personal data can be found in our privacy notice