**Illuminate You, Learning for Life Lodge**  
**Data Protection Consent Form**

Dear Parent/Carer,

Under the Data Protection Act, we are required to obtain your consent, as well as your son/daughter's consent when appropriate, to share vital personal information with Illuminate You and any other agencies providing learning experiences, such as other schools, colleges, training providers, and employers.

This information sharing is necessary to ensure the health and safety of the young learner and to cater to their personal and educational needs to the best extent possible.

In compliance with the principles of Data Protection, all data must be stored securely, used lawfully, and maintained only for the necessary purpose and duration of their attendance at Illuminate You.

**Information Collected**  
The data we hold on file will align with that typically held by mainstream schools. This includes:

* Name and address
* Emergency contact details
* Essential medical information
* Information regarding assessments of educational abilities
* Relevant behaviour details that may impact safety for both the student and learning provider staff

In exceptional cases, if sensitive data is necessary to safeguard your child’s well-being, we will seek your permission separately before sharing it.

We kindly ask you to complete the consent form below and return it with your child.

Yours faithfully,  
**Head Teacher**

**Parent/Carer Consent Form**

*Data Protection*

I, the undersigned Parent/Carer, confirm that I have read and understood the Data Protection information provided.

I hereby give my consent for any relevant and necessary data currently held by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Previous School/Institution) related to my son/daughter to be shared with Illuminate Care Group, who are providing courses of study or work-related learning.

Please complete and sign below in block letters.

**Parent/Carer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to Illuminate You.**