

I give permission for(child's name)

School.....

Class/tutor group

To work with the school counsellor/therapist for a series of sessions.

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I have received a leaflet and information about Area 43's services.

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I have read and understand Area 43's Data Protection Policy and
I agree to provide personal information to Area 43 for the purposes
detailed in the Statement.

☐

Name.....

Parents signature..... Date

Rhoddaf ganiatâd i(enw'r plentyn).

Ysgol.....

Dosbarth.....

Gweithio gyda chwnselydd/therapydd yr ysgol ar gyfer cyfres o sesiynau.

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Rwyf wedi derbyn taflen a gwybodaeth am wasanaethau Area 43.

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Rwyf wedi darllen a deallaf Polisi Diogelu Data Area 43 a chytunaf i ddarparu
gwybodaeth bersonol i Area 43 am y pwrpas a fanylwyd yn y Datganiad.

☐

Enw.....

Llofnod Rhiant Dyddiad