**Permission to share information (adapted from KeyDoc template letters)**

Dear

As a college we’ve had to adapt rapidly over the past few weeks and we’re currently [insert how you’re operating right now as a college, e.g. open to vulnerable pupils and children of critical workers/ are closed and sending pupils to a hub school/ using online learning platforms].

It’s definitely an unusual and challenging time at the moment, and we know you and learner’s name might be feeling especially nervous about the transition to college name.

In order to follow the government's guidelines on social distancing, we've had to adjust our arrangements for supporting this year’s transition. Learner’s name has applied for a place / is due to start at college name this September.

In order to ensure we provide a high quality, smooth transition we need your permission to remotely access information from key professionals involved in supporting learner’s name. This will assist us in providing a seamless continuation of support for learner’s name and providing information about the most appropriate educational pathway for learner’s name at name of college.

I will be the Lead Professional for learner’s name transition to name of college. I will be contacting you with further details on transition arrangements but, in the meantime, if you have any concerns or questions, please let me know by [insert contact method here].

Kindest regards

…………………………………………………………………………………………………………………..

**Permission to share information regarding (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give permission for Lead Professional, to talk to and access information from the following key professionals who support learner’s name:

|  |  |  |  |
| --- | --- | --- | --- |
| Professional | Name | Contact Details | Permission to share? |
| Current school / college |  |  |  |
| Social Worker |  |  |  |
|  |  |  |  |
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Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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