

**City of Wolverhampton Council - Inclusion Team**

**Group Consent Form**

You are receiving this form to consent to an Inclusion Officer from the City of Wolverhampton Inclusion Team completing a group intervention including your child.

There will be 6 sessions, delivered to a group of up to 6 pupils. The sessions will be delivered in school and will be approximately 60 mins duration.

The intervention is to support your child, and their peers, with school and is not part of any statutory assessment.

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| Name of Child: |  |
| Date of Birth: |  |
| Name of School: |  |
| School Designated Contact: |  |
| I do/do not consent to my child working with an Inclusion Officer from the City of Wolverhampton Council.  |
| Parents/carers name: |  |
| Parents/carers signature: |  |
| Date: |  |