

Consent Form

Lenti fuq l-izvilupp ta' Wliedna is a screening programme which helps identify signs of learning difficulties and/or educational needs at an early age. This screening is conducted by means of twenty questions (M-CHAT) through a discussion about your child between parent/s or guardian/s and a professional from the screening team. Each question receives a 'Yes' or a 'No' answer.

This screening programme does not replace the ongoing care from the Well Baby Clinic, your paediatrician, or any other professional service. You have the right to not participate in this screening programme, or to withdraw at any time during the process. In such case, your child's medical care, their education, and social service programmes will not be affected. Should you then wish to recommence the process, you may do so at any time (before your child is 2½ years of age).

Participation in this process is recommended for the benefits it offers to your child, mostly related to assessments and interventions children might need. Your consent is required:

- 1) for your child to participate in the programme;
- 2) so that the team of the *Lenti fuq l-izvilupp ta' Wliedna* programme can collect and process the data collected according to the principles of the General Data Protection Regulation 2016/679 (GDPR), the Data Protector Act (Cap.586), and any other relevant legislations. The personal data provided in this form is being collected and processed for the sole purpose that your child receives the service you are applying for;
- 3) for the release of your child's information collected by the team working on the *Lenti fuq l-izvilupp ta' Wliedna* programme for further assessments, follow-ups, referrals, and/or other programmes as may be required by the Ministry for Education, and in the child's best interests.

The data will be processed in accordance with the provision of the Data Protection Act 2018 and all applicable laws. The parents or the guardians have the right to access this data about their children, request rectification, blockage, or deletion if this same data is incorrect or not being processed in accordance with the Act. The personal data is retained for the necessary period as stipulated by the applicable laws. Following this, a fresh consent is sought from the student concerned.

Date _____ Reference _____

Please fill in this form in clear block letters

I agree that my child participates in the programme **Lenti fuq I-lizvilupp ta' Wliedna.**

Child's name and surname _____,

Child's I.D. _____, Child's date of birth _____,

Address _____

➤ I shall attend the session with my child

or

If you cannot attend for the session with your child, a relative can do so provided he/she has your consent in writing in the space provided below.

➤ I cannot attend the session with my child , and I am giving consent to:

_____, I.D. _____, to attend on my behalf.

Name of Parent/Guardian A

Identity Card Number

Contact Number

Email Address (optional)

Signature _____

Name of Parent/Guardian B

Identity Card Number

Contact Number

Email Address (optional)

Signature _____