**Practitioner Information Network**

**Application Form**

The Information Network (IN) is used to collect information for the Disabled Children’s Register (DCR). The Council has a statutory duty to keep and update the register under the Children’s Act 1989, although it is voluntary for people to join it.

As a practitioner your details are not added to the statutory register (DCR) but is stored separately to allow us and our partner Family Action to contact you about support, services, and events you may be interested in taking part in. You can tell us if you want to receive this information or not.

You can also decide if you would like your details to be shared with Family Action to receive the local area newsletter.

**Ways to view the Privacy Notice**

Visit Wakefield Local Offer at <https://wakefield.mylocaloffer.org/information-network/how-will-you-share-the-information/> or scan the QR code below:



You can join by filling is this form or complete the form online by visiting the Wakefield Local Offer website here <http://wakefield.mylocaloffer.org/wakefield-information-network> or by scanning the QR code below.



You can return the form by post to the address below

Or phone 01924 302471 if you require any further information

WISENDSS

Wakefield Council

Wakefield One Floor 3 North

Burton Street

Wakefield

WF1 2EB

**Section 1 – Your Details**

See section 2 of the IN-Privacy Notice for more information

**Name**

**Name of employer or group you represent**

**Work**

**Email address**

Please provide a contact telephone number

**Note**: Your contact number will only be used to contact you if there are any queries/problems with the application form.

**Section 2 – Consent**

To be able to use, store and share your information we need you to let us know when you read the statements below if you agree or disagree with them by putting a tick in the box.

You can read more about how your data may be shared by reading section 2 in the IN-Privacy Notice

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| **This should be completed if you do not also have children with additional needs that are the responsibility of Wakefield Council** **Agree Disagree** |
| I agree for my contact information to be shared with Family Action so they can send me details of support, services, events, training and advice sessions that may be suitable for me |  |  |
| I agree for my contact information to be shared with Family Action so that I can receive the local area newsletter regularly |  |  |
| Please make sure you have read and ticked all the statements you agree with that are relevant to you. **If you do not tick a statement, we will assume you do not agree to us using or sharing your information in the way described.****Signed** **Name**  **Dated**  |