If you would like to access independent careers guidance via CXK (funded by KMPF), have SEND and are interested in Higher Education. Please email this completed form to: [KMPFReferrals@cxk.org](mailto:KMPFReferrals@cxk.org) and one of our team will respond to you as soon as possible.

***Note:*** *Appointments will be via a video link, telephone, or email in most instances and are subject to availability.*

This form asks for your consent to allow us to use your personal data for the reasons stated below. You should only sign it if you want to give us your consent.

**Who are we?**

The name of the organisation asking you for consent to use your information is:

CXK Limited

The Old Court

Tufton Street

Ashford

Kent

TN23 1QN

**We would like to use the following information about you:**

* Name
* Telephone
* Email
* Address
* School
* Year Group

**Why would we like to use your information?**

To offer careers guidance and to send on further information which may be helpful to yourself in relation to careers information, advice and guidance.

**What will we do with your information?**

Your data will be stored securely on our internal computer network. We will not share this information with any other organisation.

We will share analytical information, including the number of individuals we support, along with type of SEND with KMPF, this will enable them to review support and uptake of support throughout this programme.

**How to withdraw your consent**

You can withdraw the consent you are giving on this form at any time. You can do this by writing to us at the above address, emailing our Data Protection Officer at [DataProtection@cxk.org](mailto:DataProtection@cxk.org)

**Please provide the following information**

If you consent to provide the information requested, please give it below:

|  |  |
| --- | --- |
| Name: |  |
| Telephone: |  |
| Email: |  |
| Address: |  |
| School: |  |
| Name of SENCO: |  |
| Head of Year: |  |
| Year Group: |  |

**Please complete this section to show your consent**

|  |  |
| --- | --- |
| Your Signature: |  |
| Your Name: |  |
| Today’s Date: |  |

**Personal Information**

**So, we can support you, please tell us a little bit about why you are seeking support:**

**What are your special education needs or disabilities?**

**Are there any adjustments you require us to make, so we can support you fully?**