If you are a school or college and would like to access independent careers guidance via CXK (funded by KMPF) on behalf of one of your learners, who has SEND and are interested in Higher Education. Please email this completed form to: 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 you to confirm that you are the ***data controller*** and have obtained written consent from the learner and their family, to allow us (as the ***data processor***) to use their personal data for the reasons stated below.

You should only sign it, if you have consent to pass their details to us, for the purposes detailed below.

**Who are we?**

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

CXK Limited

The Old Court

Tufton Street

Ashford

Kent

TN23 1QN

**We would like to use the following information about your learner:**

* 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 your learners 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

**Please provide the following information**

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

|  |  |
| --- | --- |
| Name: |  |
| Telephone: |  |
| Email: |  |
| School/College Address: |  |
| School/College: |  |
| Your role in School: |  |

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

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

**Details of learner being referred**

Name of learner:

Name of parent/carers:

Year Group:

**Contact details of learner/parents/carers:**

Learner’s Telephone:

Parent/Carer’s Telephone:

Learner’s Email:

Parent/carer’s Email:

Address:

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

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

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

**Do they have an EHCP? If so, with which local authority?**

**Name and contact details of SENCO (if different to the above):**