

**Consent to Confidentiality Waiver**

**Legal obligations**

Data Protection legislation requires the Disability Service in Trinity College to establish a policy with regard to any discussion between members of staff in the Disability Service and parents / guardians, in relation to individual students and their progress through College. As adults, all students are encouraged to take responsibility for their own learning, and DS is required to have due regard for its legal obligations to protect the confidentiality of its relationship with the student.

**Consent to Confidentiality Waiver**

If a parent or guardian approaches DS with a request to discuss their student's progress, in order to protect the confidentiality of the student, the following steps apply:

1. The student must complete the Consent to Confidentiality Waiver form and make an appointment with their Disability Officer to discuss their consent, **in advance** of any communication with a parent or guardian.
2. DS will not engage in any form of communication unless this step has been completed.
3. Students need to be involved in all communication, and DS will ensure that students receive a copy of any written communication, and are informed of any outcomes from meetings or telephone calls. For example, if a telephone conversation takes place between a DS staff member and a parent or guardian, a summary of the phone call will be emailed to **all** parties, including the student.
4. In the case of a meeting requested parents or guardians with DS staff, the student must attend this meeting. A note or summary of the meeting will be sent to all participants for their records.
5. A Consent to Confidentiality Waiver must be completed for **each** phone call, email or meeting request.

**Trinity Disability Service Consent to Confidentiality Waiver**

|  |  |
| --- | --- |
| **Students Name** |  |
| **Student Number** |  |
| **Course** |  |
| **Year** |  |
| **Request for communication:** |  Phone call Email MeetingName of attendees: |
| **Reason for request:** | Please provide detail: |

Signature student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Disability Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Please return this form to your Disability Officer.