**JELLYTOTS PLAYGROUP**



**INDUCTION PACK**

This pack should be filled in and signed by the parents/guardians and is to be returned to Jellytots **prior** to your child’s start date.

You may wish to take a copy of the enrolment pack for your own records.

*Please be aware that Jellytots needs to see evidence of your child’s birth certificate before their start date.*

*List of contents to be signed and returned to Jellytots.*

*(PLEASE tick to show that these are signed/enclosed/seen)*

*Induction Form* *[ ]*

*Parents' Privacy Notice [ ]*

*Questionnaires About Your Child* *[ ]*

*Car Parking Regulations* *[ ]*

*Child Protection Statement* *[ ]*

*Birth Certificate/Passport (to be shown to staff before 1st* *session) [ ]*

*My Personal Child Health Record (little red book)*

*(this can be shown during induction) [ ]*

**JELLYTOTS PLAYGROUP**

**Note to parents**

We are an independent Playgroup and not the nursery for Brook Field School. We only rent a mobile classroom on the school grounds.

Please be aware that just because your child attends Jellytots within Brook Field School it ***does not*** mean they will automatically get a place at Brook Field, as it may not be your catchment area.

If your child/children are due to attend Brook Field School or any other within the West Swindon area, please inform that school as soon as possible. You will need to complete an Admissions Document even if you already have siblings attending the school

Further information may be obtained from the Admissions Team, Children’s Services by phone on 01793 445500 or email schooladmissions@swindon.gov.uk

Many thanks

**Jellytots Committee**

***Please note that Brook Field School have requested that we inform parents that they are not permitted to park in the car park or walk across the school field or playground.***

***Thank you for your co-operation in this matter.***

***If you need support with translation into your home language.  Please see a staff member*.**

JELLYTOTS PLAYGROUP

INDUCTION FORM

***STRICTLY CONFIDENTIAL***

*Please return to Jellytots*

CHILD’S NAME **………………..…………………………………….**  D.O.B**. ……………………...…….**

KNOWN AS **………………………………………**

ADDRESS …………………………………….. TEL.No **………………….…………………………….**

 ……………………………………. MOBILE No. Mum**…………………………….………**

POST CODE

 ……………………………. Dad**………………………………………**

E-MAIL ADDRESS **……………………………………………………………………………..**

PARENTS FULL NAMES Mum **…………………………................…..** Dad**…………………………………………………..**

PARENTAL RESPONSIBILITY

I.e. Parent(s), Grandparents, Foster Carer **………………………………………………………………………………………..**

*EMERGENCY Name and No.* ***……..…………………………………………………………………………………..***

EXTRA EMERGENCY

CONTACT NAME**……………………….....................** *TEL No* ***……………..……………….……...***

NAME AND CONTACT DETAILS OF CHILDMINDER

Name:…………………………………………………E-mail …………………………………………………………..

Address…………………………………………………………………………………………………………………...

Tel No:………………………………………………...Mobile No……………………………………………………….

DOES YOUR CHILD ATTEND ANOTHER SETTING YES/NO

NAME AND CONTACT DETAILS ……………………………………………………………………………………..

……………………………………………………………………………………………………..................................

……………………………………………………………………………………………………………………………..

IF YOU ARE UNABLE TO COLLECT YOUR CHILD FROM PLAYGROUP, PLEASE LET THE STAFF KNOW WHO WILL BE COLLECTING THEM, WITH A PASSWORD IF UNKNOWN TO STAFF.

pLEASE CAN YOU PROVIDE US WITH A COPY OF YOUR 2-YEAR-OLD PROGRESS SUMMARY.

HEALTH VISITOR NAME……………………….. TEL.No ………………….….…..

DOCTOR NAME ………………………..….. TEL.No ………………….….…..

ADDRESS ……………………………

 ..….….……………………

 ……..……………………..

Does your child have or has had previously any medical diagnosis, physical impairment, sensory impairment or learning disability? YES/NO

If yes, please provide us with details so that we can fully support your child. This may involve communication with your health visitor or other professionals. we may need to arrange training before your child starts at the setting.

…………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………

has your child had all of his/her injections to date? Please state Yes/No

|  |  |  |  |
| --- | --- | --- | --- |
| 2 months  3 months         4 months          12/13 months   3 years and 4 months to 5 years old | Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV)(PCV)Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C)Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal(PCV) Meningitis C (Men C)Hib/meningitis C Measles Mumps and Rubella (MMR) Pneumococcal (PCVDiphtheria, tetanus, pertussis (whooping cough) and polio(dTaP/IPV or DTaP/IPV)Measles, Mumps and Rubella (MMR) | One injectionOne injectionOne injectionOne injectionOne injectionOne injectionOne injection |  |

please can we see your child’s personal child health record (little red book)

Does your child have an allergic reaction to anything e.g. food, drink or plasters? yES/no (If yes please give details of medication procedures)

Information regarding other services supporting your child

|  |  |
| --- | --- |
| Speech Therapist | Portage Service |
| Name | Name |
| Tel | Tel |

|  |  |
| --- | --- |
| Consultant Pediatrician | Social Worker |
| Name | Name |
| Tel | Tel |

|  |  |
| --- | --- |
| Occupational Therapist | Physiotherapist |
| Name | Name |
| Tel | Tel |

|  |  |
| --- | --- |
| Child & Family Consultation Service(Marlborough House) | Educational Support Services |
| Name | Name |
| Tel | Tel |

PLEASE CAN WE ADMINISTER FIRST AID TO YOUR CHILD? YES/NO (please specify)

CAN WE ADMINISTER PARACETAMOL (CALPOL) TO YOUR CHILD

IF THEY HAVE AN INJURY (FOR PAIN REILEF)? YES/NO (please specify)

CAN WE ADMINISTER PARACETAMOL (CALPOL) TO YOUR CHILD

IF THEY HAVE A FEVER? YES/NO (please specify)

CAN WE ADMINISTER ANTIHISTAMINE (PIRITON) TO YOUR CHILD

IF BITTEN/STUNG AND/OR DISPLAYING AN ALLERGIC REACTION? YES/NO (please specify)

CAN WE PUT PLASTERS ON YOUR CHILD? YES/NO (please specify)

DOES YOUR CHILD HAVE A PRESCRIBED ASTHMA VENTOLIN INHALER YES/NO (please specify)

(If **YES,** we will need one labelled with child’s name to be kept in setting, along with signed additional paperwork given to you at induction) See our Asthma Policy

PLEASE INFORM US IF YOUR CHILD HAS ANY SKIN CONDITION AND THEY NEED CREAM TO BE APPLIED DURING SESSIONS (if **YES,** we will need to complete additional paperwork at induction) See our Medication Policy.

MILK IS PROVIDED FREE OF CHARGE; ARE YOU HAPPY FOR YOUR CHILD TO CHOOSE EITHER MILK OR WATER? YES/NO

WHAT IS YOUR CHILDS FIRST LANGUAGE………………………………………………………………………

WHAT IS YOUR HOME LANGUAGE…………………………………………………………………………………

WHAT IS YOUR CHILDS ETHNIC ORIGIN

***I****f you wish to inform us about your child’s ethnicity please complete the following, this is not compulsory.*

|  |  |  |  |
| --- | --- | --- | --- |
| White – British |  |  Indian |  |
|  Irish |  |  Pakistani |  |
|  Traveler of Irish Heritage |  |  Bangladeshi |  |
|  Gypsy/Roma |  |  Any other Asian background |  |
|  Any Other white background |  |  Black or Black British |  |
|  Mixed – White and Black Caribbean |  |  Caribbean |  |
|  White and Black African  |  |  African  |  |
|  White and Asian |  |  Any other Black background |  |
|  Any other mixed background |  |  Chinese |  |
|  Asian or Asian British |  |  Any other ethnic background |  |

WHAT IS YOUR CHILDS RELIGION………………………………………………………………

PLEASE CAN YOU TELL US OF ANY CUSTOMS/FESTIVALS OR HOLY DAYS THAT YOU CELEBRATE, SO THAT WE CAN TRY TO INCORPORATE THEM INTO OUR LEARNING CURRICULUM.

…………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………

WE MAY ASK YOU TO WRITE AGAINST/RECORD SOME **SURVIVAL WORDS/PHRASES,** IF NEEDED FOR NON ENGLISH SPEAKING CHILDREN, ADD TO THE LIST WORDS YOU FEEL YOUR CHILD MIGHT NEED

|  |  |  |  |
| --- | --- | --- | --- |
| HELLO |  | GOODBYE |  |
| YES |  | NO |  |
| TOILET |  | DRINK |  |
| THANKYOU |  | WHERE IS |  |
| CAN I HAVE |  |  |  |
|  |  |  |  |

ANY RELIGIOUS REQUIREMENTS (e.g. Dietary needs.)

………………………………………………………………………………………………………

FROM TIME TO TIME IT MAY BE DESIRABLE TO TAKE CHILDREN OUTSIDE UNDER SUPERVISION TO SEE THINGS IN THE LOCAL AREA. PLEASE SIGN BELOW TO GIVE YOUR CONSENT TO THIS TYPE OF EXCURSION WITH THE PLAYGROUP.

SIGNATURE…………………………………………...DATE……………………………………………………….

DURING YOUR CHILD’S TIME AT JELLYTOTS, THEY WILL BE OBSERVED, ASSESSED AND THEIR PROGRESS MONITORED. STAFF AND STUDENTS AWAY FROM THE SETTING MAY USE SOME OF THE INFORMATION GAINED. THIS MAY INCLUDE PHOTOGRAPHS/VIDEO OF YOUR CHILD DURING SESSIONS. IF YOUR CHILD ATTENDS ANOTHER SETTING OR HAS A CHILDMINDER, AS GOOD PRACTICE WE DO SHARE THE CHILD’S PROGRESS SUMMARIES/NEXT STEPS. *Our Staff/Students have all signed Data Protection and Confidentiality Agreements*. Students will obtain separate Parent/Carers permission letters when they are observing and monitoring individual children during their placements.

PLEASE SIGN BELOW TO CONSENT TO THIS.

SIGNATURE…………………………………………….DATE……………………………………………………

PHOTOGRAPHS OF YOUR CHILDREN WILL BE USED FOR EVIDENCE IN THEIR LEARNING JOURNEY FOLDER AND ON THE PLAYGROUP DISPLAY WALLS. IF YOU CONSENT TO THIS PLEASE SIGN

SIGNATURE…………………………………………....DATE…………………………………………………..

PHOTOGRAPHS OF YOUR CHILDREN ARE PRINTED OFF USING BOOTSPHOTOS.COM (See ICT/Data policy). THIS IS THE CHEAPEST WAY TO GET THE MANY PICTURES THAT ARE TAKEN OF THE CHILDREN WHILE THEY ARE WITH US.

IF YOU CONSENT TO THIS, PLEASE

SIGN HERE………………………………………………DATE……………………………………………………

Photography or video footage that is taken during sponsored events, fun days or Christmas CONCERTS WILL INCLUDE OTHER CHILDREN IN THE SETTING.

tHESE PICTURES must only be used for parents personal use.

This excludes any social networking sites, such as Facebook, Myspace, Bebo or Twitter. PLEASE SIGN BELOW TO CONSENT TO THIS.

SIGNATURE…………………………………………….DATE……………………………………………………..

BEFORE GOING INTO SCHOOL YOUR CHILD’S PROGRESS/DEVELOPMENT/SENCO WILL BE SHARED WITH THE TEACHERS OF THE SCHOOL THEY WILL ATTEND. \*SAFEGUARDING INFORMATION WILL ONLY BE SHARED WITH THE SCHOOLS DESIGNATED/DEPUTY SAFEGUARDING PROTECTION LEADS. (DSL/DDSL)

PLEASE SIGN BELOW TO CONSENT TO THIS.

SIGNATURE…………………………………………….DATE…………………………………………………………

PREFERRED PRIMARY SCHOOL, IF KNOWN………………………………………………………………….

GDPR WITHDRAWAL OF CONSENT. I HAVE READ THE GDPR POLICY, COMPLETED THE CONSENT FORM, AND CONFIRM THAT I UNDERSTAND WHAT PERSONAL DATA YOU HOLD, HOW IT IS USED, MY RIGHTS REGARDING IT, MY ABILITY TO WITHDRAW CONSENT TO JELLYTOTS HOLDING DATA ON MY CHILDREN AND ME, AND HOW TO LODGE A COMPLAINT.

SIGNATURE……………………………………………..DATE…………………………………………………………

WE WILL ALWAYS ENDEAVOUR TO CONTACT YOU SHOULD THERE BE AN EMERGENCY, BUT IF THE EMERGENCY SERVICES NEED TO BE CONTACTED BEFORE YOUR ARRIVAL COULD YOU PLEASE SIGN BELOW TO GIVE CONSENT TO THEM ADMINISTERING THE NECESSARY TREATMENT.

NAME………………………………..SIGNED…………………………………….DATE……………………………..

PLEASE GIVE DETAILS OF YOUR OWN SKILLS OR TALENTS, WHICH WILL HELP WITH RUNNING JELLYTOTS PLAYGROUP - TICK AS APPROPRIATE:

**HELP WITH FUNDRAISING**  **WILLING TO SERVE ON COMMITTEE**

PLEASE LET US KNOW IF YOU WORK OR KNOW OF COMPANIES THAT WOULD LIKE TO DONATE OR CONTRIBUTE TO OUR FUNDRAISING EVENTS ☺

 (THE ROLES AVAILABLE WILL BE ALLOCATED AT OUR AGM)

 **MUSICAL/SINGING**

 **OTHER (PLEASE SPECIFY)**

PLEASE SIGN BELOW TO SHOW THAT YOU HAVE READ THE POLICIES AND ACCEPT THE BASIC AIMS, GUIDELINES, PROCEDURES AND PARENTAL COMMITMENT UPON WHICH WE FEEL IT IS NECESSARY TO BASE THE SUCCESS OF OUR CHARITY RUN PLAYGROUP.

NAME……………………………………………… SIGNATURE………………………………………………

 DATE …………………………………………………….

***We need to see evidence of your child’s full birth certificate before your child starts and the completed Funding Forms***

***Thank you***

**Jellytots Playgroup**

**and General Data Protection Regulation (GDPR)**

**Parents' Privacy Notice**

The Data Protection Act 1998 is being replaced by GDPR on 25th May 2018. In order to conform with the new regulations Jellytots needs to update the parental consents that we hold.

Jellytots Playgroup holds personal data on you and/or your children. This data will include information related to identity, location, medical issues, developmental progress, financial details, and photographs. It will generally be held for a minimum of seven years, following legal guidelines.

From 25th May 2018 you will have the right to see any data that we hold, make corrections, remove anything we should not legally have, instruct us not to use the data, or ask us to remove the data from our records. For any of the above requests, please speak to the Manager, Jan John.

We will only share the data, securely and when required, with organisations who guarantee they meet GDPR requirements.

We can only use you and/or your children's data if you give us specific permission.

Data is used in the following ways:

 Permission granted

Registration, session allocation, billing Yes/No

Development records, both written and photographic Yes/No

Claiming Early Years Funding Yes/No

Assessment for Early Years Pupil Premium Yes/No

Claiming Disability Access Fund Yes/No

Safeguarding Yes/No

Working with social/health/medical & other Early Years professionals Yes/No

Passed on to the child's first school Yes/No

Informing the insurance company of medical issues Yes/No

If you consent to you and your children's data being held and processed in the above ways, please indicate where required and sign and date below. You may withdraw your consent at any time.

For further information please see our GDPR policy and our Personal Data Retention Policy.

If you have cause for complaint you are entitled to contact the Information Commissioner's Office (ICO) [www.ico.org.uk](http://www.ico.org.uk/)

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**all about my Child**

**Name d.o.b**

1. Does your child have any particular play interests at the moment or toys that he/she likes to

play with……………………………………………………………………………………………………….

1. What does your child like to do outside, in the garden or park for example?

………………………………………………………………………………………………………………….

1. Does he /she have a special toy or comforter?..................................................................................
2. What sort of things does your child show interest in or talk about?

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

1. Do you think your child’s communication and home language development is proceeding well?

…………………………………………………………………………………………………………………..

1. Do you feel his/her physical development is what you would expect for his/her age?

…………………………………………………………………………………………………………............

1. Do you have any concerns or worries about your child’s development? ...........................................................................................................................................................
2. Names of family members and other significant people close to them (Please complete Family Tree)

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

1. Are there any family circumstances that we need to be aware of? .........................................…………………………………………………………………………………….
2. Is your child used to being with other children and does he/she enjoy this?

………………………………………………………………………………………………………………………

11. How would you describe your child's behavior?

…………………………………………………………………………………………………………………

12. What do you expect your child will get from Playgroup?

………………………………………………………………………………………………………………………

13. Is there any other information you would like us to be aware of to help your child to settle and be happy? ……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

Thank you for taking time to fillin this questionnaire. It will give us a little bit of an insight about your child and family as he/she starts at Jellytots.

|  |
| --- |
| C:\Users\Jan's PC\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\4D64342E.tmp My Name  |

Jellytots Playgroup

|  |
| --- |
| This is me Photo  |

|  |
| --- |
| Rainbow Smiley Face Badge : Kool BadgesWhat make happy  |

|  |
| --- |
| Could an emoji save your life? - BBC NewsWhat I find difficult |

|  |
| --- |
| C:\Users\Jan's PC\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\96CA31F2.tmpWhat people like and admire about me |

|  |
| --- |
| C:\Users\Jan's PC\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\6CF64891.tmpHow I would like to be supported |

Please feel free to add any special family friends who are like family to you and your child.

 **Parking form**



Jellytots Playgroup

Brook Field School

Cartwright Drive

Swindon

SN5 5SB

Dear Parent / Guardian,

The issue of parking in the school car park has finally come to a head. Despite many polite reminders to park outside the school grounds and walk in, some parents continue to ignore this rule. The reasons behind this request are quite straightforward. Child safety is of the utmost importance and reducing the amount of cars around when children are present is essential. Also, school staff have every reason to expect to be able to park at their place of work.

Jellytots Playgroup has enjoyed a fruitful relationship with Brook Field School and it is one that we value most highly. We are not prepared to jeopardize this relationship and our place at the school. This, coupled with the fact that one of our staff recently received verbal abuse when she politely asked a parent not to park in the school, has led the Committee to write this final warning letter. We therefore ask you to read this letter and sign the slip at the bottom.

To those of you who are already following this rule, a **big thank you**. However, if after this final warning there are still some who cannot adhere to the rules, then we will be forced to take further action.

Thank you for your co-operation in this matter.

*Policy Accepted AGM OCT 2024 – R. Cockbill - Chairperson*

Rachel Taylor – Head of Brook Field School

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I have read this letter and agree to abide by its content.

Signed: …………………………………………………

PARENTAL RESPONSIBILITY OF…..……………………………….i.e. Parent(s), Grandparents, Foster Carer

**STATEMENT ON THE SETTING'S CHILD PROTECTION RESPONSIBILITIES**

Dear Parent/Carer

As a provider of day care registered with OFSTED, I am required to follow the Child Protection Procedures agreed with the Local Safeguarding Children Board and OFSTED within my responsibility to 'Safeguard Children'.

As a provider of day care involved in the care/education of your child, I will endeavour to share with you any concerns I may have regarding injury or specific issues of concern at all times. I will keep a record of such incidents and share this with you. I do have a duty to refer to Social Services if I suspect your child is at risk of child abuse. I will inform you if I make a referral to Social Services, unless to do so would place your child at increased risk of significant harm. My first concern will always be the welfare of your child.

I have a copy of the Swindon Child Protection Procedures and Guidance for you to see if you wish. Further information is available from the under 8’s officers at:

Social Services Dept. Social Services Dept. Early Years OFSTED

Clarence House Manor House The National Business Unit

Clarence Street Lime Kiln Piccadilly Gate

Swindon Wootton Bassett Store Street

 Manchester

 M1 2WD

Tel: 01793 531131 Tel: 01793 853434 Tel: 0300 123 1231

Yours faithfully

*Policy Accepted AGM OCT 2024 – R. Cockbill - Chairperson*

I …………………………….………………….. (name of person with parental responsibility) have read and understand the above statement and agree with the procedures outlined to 'Safeguard' my child.

Signature of person with parental responsibility ………………………………………………………………………

Date:…………………………………………………

*YOU ARE ADVISED TO KEEP A COPY OF THIS LETTER*

Swindon Borough Council Early Years and Childcare Privacy Notice

Children, families and community health services

**Introduction**

You need to be aware of this privacy notice if you use an early year’s provider to claim Early Education

Funding for 2, 3 and 4 year olds and enter into an agreement when signing the form ‘Parental

Declaration Form’.

**What is a Privacy Notice?**

A Privacy Notice is a statement issued by an organisation which explains how personal and confidential

data about individuals is collected, used and shared.

**Who is collecting and using your personal data?**

Your early years provider collects information (your personal data) on behalf of Swindon

Borough Council (the Data Controller) in the form ‘Parental Declaration Form’.

**Your personal data - what is it?**

Personal data relates to a living individual who can be identified from that data. Identification can be by

the information alone or in conjunction with any other information in the data controller’s possession or

likely to come into such possession. The processing of data is governed by the General Data Protection

Regulation 2016/679 (the “GDPR”).

**Why do we need your personal information?**

Primarily to fund your child’s early education funded entitlement for 2, 3 and 4 year olds and where

applicable check Early Years Pupil Premium eligibility, check 30 hour funding eligibility periodically and

Disability Access Funding eligibility.

**How the law allows us to use your personal information**

There are a number of legal, legitimate or lawful reasons why we need to collect and use your personal

information.

We collect and use personal information as:

* It is necessary to perform our statutory duties
* It is necessary to protect someone in an emergency
* It is required by law
* It is necessary to deliver the Early Education Services
* It is necessary for archiving, research, or statistical purposes.

**Who do we share your information with?**

Your personal data is used for further processing within the Early Years Provider/Local Authority (LA)

systems.

We may share your information with the Department for Education, Department for Work and Pensions,

neighbouring Local Authorities and Her Majesty’s Revenue and Customs HMRC, but will only do so when it

is necessary in order for the service to be provided.

We may also share personal information for the purposes of the prevention, investigation, detection, or

prosecution of criminal offences, but will not share personal information, or use it for this, or any other

purpose, unless provided for by law.

**How do we protect your information?**

We will do what we can to make sure we hold records about you (on paper and electronically) in

a secure way, and we will only make them available to those who have a right to see them.

Examples of our security include:

* Encryption, meaning that information is hidden so that it cannot be read without special

knowledge (such as a password). This is done with a secret code, or what is called a

'cypher'. The hidden information is said to then be 'encrypted'.

* Pseudonymisation, meaning that we will use a different name so we can hide parts of your

personal information from view. This means that someone outside of the Council could

work on your information for us without ever knowing it was yours.

* Controlling access to systems and networks allows us to stop people who are not allowed

to view your personal information from getting access to it.

* Training for our staff allows us to make them aware of how to handle information and

how and when to report when something goes wrong.

* Regular testing of our technology and ways of working including keeping up to date on the

latest security updates (commonly called patches).

**How long do we keep your personal information?**

We hold children and young person’s data for set periods of time based on statutory

requirements and the council’s data retention policy.

**What you can do with your information**

Under the GDPR you have rights which you can exercise free of charge which allow you to:

* Know what we are doing with your information and why we are doing it
* Ask to see what information we hold about you (Subject Access Request)
* Ask us to correct any mistakes in the information we hold about you
* Object to direct marketing
* Make a complaint to the Information Commissioners Office
* Withdraw consent (if applicable)

Depending on our reason for using your information, you may also be entitled to:

* Ask us to delete information we hold about you
* Have your information transferred electronically to yourself or to another organisation
* Object to decisions being made that significantly affect you
* Object to how we are using your information
* Stop us using your information in certain ways

Under data protection legislation, parents and pupils have the right to request access to information about

them that we hold. To make a request for your or your child’s personal information, please contact

DataProtection@Swindon.gov.uk Telephone: 01793 445500

If you have a concern about the way we are collecting or using your personal data, we request that you

raise your concern with us in the first instance. Alternatively, you can contact the Information

Commissioner’s Office.

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Tel: 0303 123 1113 (local rate) or 01625 545 745 (if you prefer to use a national rate number).

Alternatively, visit: ico.org.uk or email: casework@ico.org.uk.

Updated October 2024