

Withdrawal form:

For parents to complete if they do not want their child's data to be used in the evaluation of Alternative Provision Specialist Taskforce (APST)

Please complete this form if you **do not** wish your child's data to be used in the evaluation of the APST. You can find out more information about the APST in the other documents provided by the AP setting.

If you are happy for your child's data to contribute to this project and to be archived by the Youth Endowment Fund, then you do not have to do anything.

If you **do NOT** want your child's data to be used for this study or their data to be archived, please fill out the form below and return to the AP setting. They will return this to the evaluation team who will be in touch to confirm .

I, the undersigned, hereby do NOT give permission for my child's data to be used for the purposes of the evaluation of the Alternative Provision Specialist Taskforces and archived by the Youth Endowment Fund.

Please complete the following details to ensure that we can remove the data as requested:

Pupil's full name:	
Pupil's DoB:	
Pupil's UPN (if known, leave blank if you don't know):	
School name:	
School postcode (if known, leave blank if you don't know):	
Parent/carer's name:	
Parent/carer's signature:	
Date:	