**INFORMED CONSENT to Counselling Services**

**Guardian / adult pupil or student (name and surname):**

I request counselling services at the following Pedagogical-Psychological Counselling Centre/Special Pedagogical Centre:

for (name and surname): date of birth:

residential address:

**Reason for request (describe briefly):**

**I hereby declare** that I have been informed clearly and explicitly about:

a) all important details about the counselling services to be provided, particularly about the process, scope, duration, objective and procedures of the counselling services

b) the benefit that can be expected and all foreseeable consequences that may stem from the counselling services

c) my rights and obligations associated with the provision of counselling services, including the right to request the provision of counselling services again at any time, the right to file a proposal for discussion pursuant to Section 16a(5) of the Education Act, the right to request a review pursuant to Section 16b of the Education Act and the right to file a complaint with the Czech School Inspectorate pursuant to Section 174(5) of the Education Act.

I have had the possibility to ask additional questions and these have been answered by the counsellor.

a) YES b) NO

If the counselling service is to be provided to a minor child, he/she has been instructed and informed appropriately and given the chance to ask additional questions with account taken of his/her age and mental maturity.

**I agree/disagree** with the processing and storage of my personal data in compliance with Personal Data Processing Act no. 110/2019 Coll., as amended, and in compliance with Regulation 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

**I note** that the **recommendations** by the school counselling facility **will also be provided to the school or educational facility.**

Guidance was provided by: …………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………

Signature of guardian / adult pupil or student: ……………………………………………………………………………………

Place: ……………………………………………… Date: …………………………………………………………………………………………