



South Lakes Speech & Language Therapy
southlakesslt.co.uk
SouthLakes.SLT@gmail.com
01539 272034

Contract

Child's Name: _____ Child's Date of Birth: _____

Name of Parent/Guardian: _____

- I confirm that I have parental responsibility for the above child.
- I agree to receive remote (video and telephone only) speech and language therapy services from South Lakes Speech & Language Therapy. I agree to the collection of data, as outlined in the privacy notice, necessary to carry out these services. Privacy notice date: September 2026.
- I have read and understand the South Lakes Speech & Language Therapy Terms and Conditions. Ts&Cs version and date: Remote Services September 2026.
- I consent to South Lakes Speech & Language Therapy communicating with me via email, WhatsApp, and text messaging; and I consent to receiving documents, including letters and clinic reports, electronically.
- I consent to video calls between myself and South Lakes Speech & Language Therapy occurring via Zoom, WhatsApp, and FaceTime. I will not record or take screen shots or pictures of the call without prior written consent.
- I agree that I, or another adult with responsibility for my child, will remain present during all video sessions with South Lakes Speech & Language Therapy unless otherwise agreed directly with South Lakes Speech & Language Therapy.
- I have read and understand the Disclaimer (section 5 of South Lakes Speech & Language Therapy's Ts&Cs). I understand that no guarantees can be made regarding the degree of progress, rate of improvement, or overall outcomes of therapy.
- **I understand that the more that I, as my child's primary caregiver, and my child's educational setting (if applicable) are involved in the therapy process, the better the outcomes are likely to be.** We are less likely to see results if there is not support in the home and education settings by the child's primary caregiver(s) and educational setting staff.

Signature: _____

Printed Name: _____

Date: _____