



Family Division

Request for counseling - for primary school

Name of child or group:	ID no./kennitala:	Class/group:	School:
Parent A:	ID no./kennitala:	Parent B:	ID no./kennitala:
Address:		Address:	
Work phone:	Mobile phone:	Work phone:	Mobile phone:
E-mail:		E-mail:	
Supervisory teacher:		E-mail:	

What are the concerns?

What are the goals of counseling?



What intervention, training and/or special support has taken place at the school?

The guardian is aware of the processing of the aforementioned personal information and that the issues of the child and their family are discussed at a Student Protection Council meeting held in the child's primary school. The Student Protection Council is a statutory collaborative forum between schools, school services and the healthcare center cf. Art. 40 of Act no. 91/2008 and the Regulation on Student Protection Councils in Primary Schools no. 388/1996. Furthermore, parents allow members of the team to gather information and provide it to the extent deemed necessary to work on resolving cases as well as sending data by mail or email if necessary.



Privacy and Handling of Personal Information

Árborg municipality, is the controller for counseling requests for primary schools for the purpose of assessing the need for specialist services according to Section IX. of Act no. 91/2008 on Primary Schools. Authorization for the processing of the aforementioned personal information is based on legal authority, cf. item 3, Par. 1 of Art. 9. of Act no. 90/2018 on Privacy and the Processing of Personal Information.

The request is processed with the following information: General personal information about the child and their parents, such as names, addresses, ID numbers, telephone numbers and e-mail addresses, and the child's teacher. It also discusses other things that the petitioner reports, such as concerns about the child and resources that have already been tested. Information is obtained from the referent, in addition to which the municipality retrieves basic information about parties to the National Registry. The municipality may also use the available data from the municipality when processing the application.

The municipality retains information in connection the request for counseling in accordance with legal obligation. In general, the personal information that the municipality collects is handed over to the District Archives of Árnesingar after thirty years. The municipality safeguards the security of personal information through appropriate organizational and technical measures, e.g. access controls and ciphertext. All staff involved in the processing of personal information in a request is bound by the obligation of confidentiality.

The municipality will not share personal information with other parties unless the municipality is obliged to do so on the basis of law, government directives or court rulings. Furthermore, the municipality will not share personal information outside the European Economic Area except on the basis of a special authorization to do so and not without informing the relevant parties of such.

An individual may have the right to access the personal information that the municipality processes in connection with the declination. An Individual may also have the right to object to the processing, have the information corrected, request that it be deleted, that the processing be restricted and/or receive information. Further information on these rights can be found in the municipality's Privacy Policy which is accessible on the website of Árborg municipality.

Special attention is drawn to the fact that if there is dissatisfaction regarding the municipality's handling of personal information, it is possible to contact the municipality's Data Protection Officer (personuvernd@arborg.is) or send a message to the Data Protection Authority (www.personuvernd.is).

I have read the above and am aware of how the Árborg municipality handles personal information.



Request completed, dated

Signature of guardian:

Date:

Signature school principal/referent:

Date:

Request for counseling received, date: _____

by: _____

Processing by the Family Division's reception team: