

Information sharing consent form

This form must be used whenever a First Point form is completed and before a CAF assessment is started.

Your statement of consent

Please read the following carefully and then sign and date the form. By signing the form you are agreeing to all of the following:

I have been informed about the need to share information about me/my child so those working with me/my family can work together.

I have been given the opportunity to discuss what sharing and not sharing information will mean to me and my family.

I have received a leaflet about sharing information.

I agree that my basic personal information such as name, address, school and GP can be shared.

I understand that the additional information shared will be used to access the range of support/services required to meet my child's needs.

Additional information may include sensitive information such as mental health, sexual health, alleged or committed offences.

I understand that my information will be held securely on paper and computer in accordance with the Data Protection Act.

I understand that confidentiality may not be maintained where a person may be at risk of significant harm, or where it is required by law to share information for family support procedures or child protection procedures.

I understand that the information will be shared with the appropriate agencies. These could include council services such as education and social care, also external services such as the Police, health services, voluntary organisations and other organisations providing a service to children, young people and families.

In relation to your statement of consent please tick one of the following:

I agree that my/my child's/children's personal information may be shared with those involved with me/my child(ren)

I do not agree that my/my child's/children's personal information may be shared with those involved with me/my child(ren)

I agree that my/my child's/children's personal information may be shared with those involved with me/my child(ren), **with the exception of:**

I agree to the involvement of the services listed below and it has been explained to me what these services may involve:

Signature of parent/carer:

Print name:

Date:

Signature of young person: *Must be aged 12 or over and able to understand the process of consent*

Print name:

Date:

I have explained fully to the parent or young person about information sharing and the involvement of services listed above.

Signature of professional:

Print name:

Agency/service:

Date: