

Signatories' logos

CONSENT FORM

ANNEX B

Name

Address

Service/ Agency

(Name of specific service, team or integrated team)

We ask you for information about yourself so that we can make sure that we offer you the services, protection or support that you may need.

To make sure it is the most appropriate and effective service for you, it may mean sharing this information or obtaining information about you.

However we will not pass on any information without your consent, unless we have a statutory duty to do so in order to:

- 1. protect you, or
- 2. prevent harm to someone else, or
- 3. prevent or detect a crime

If we do use your information for other reasons, for example, to help us manage and/or plan services, or staff training- then we will make sure you cannot be identified.

Declaration:

I understand the reasons why my consent is being sought and the need to share information has been fully explained. I understand that I can withdraw my consent in line with this agency's procedures.

(Tick as appropriate)

I agree that information about me may be used for the above purposes

I disagree that information about me may be used for the above purposes

Please list any agencies/ services that you would not like your information to be shared with:

Signed

By individual, Carer, Parent or Representative
(Delete as appropriate)

Date

Signed

(By member of Staff)

Date
