

**BRACKNELL FOREST COUNCIL
CHILDREN'S SOCIAL CARE
CONSENT TO SHARING INFORMATION**

The assessment procedure has been fully explained to me and I have received a leaflet with written information about the assessment process and the complaint procedure.

I was advised that I have the right to apply for access to personal information about me and/or my under aged children as held by Bracknell Forest Council.

I know that the information I give is confidential.

I agree that those listed below can be contacted as part of this assessment.

GP / HEALTH VISITOR:	CAMHS / CMHT:
SCHOOL / NURSERY:	CHILDREN'S CENTRES:
POLICE:	CAF CO ORDINATOR:
OTHERS:	

Please complete question a) and b)	
a) When my assessment is completed I agree to the sharing of all information with other workers to assist with providing the support/help I might need.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) When my assessment is completed some information may not be divulged to specific individuals/workers, as follows:	
Signature:	Date:
Please print name	
I confirm I have parental responsibility for (print names of children).	