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**Dudley Early Help Assessment
APPENDIX B - Consent Form**

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| --- | --- |
|  My Name: |  |
| My Date of Birth: |  |
|  |  |  |
| I understand what an Early Help Assessment is and how this could help me and my family. |  |
| I understand why information about me could be shared with other people who could help me and my family. |   |
| I have been told about the different types of people who my information might be shared with. |  |
| I understand that I can change my mind at any time and ask that information about me is not shared. |  |
|  |
| I am happy for information about me to be shared with people who could help me and my family.**Consent-Form-Yes_1024x1024.pngConsent-Form-No_1024x1024.png** |  |