**MULTI-AGENCY CONSENT FORM**

Northumberland Children’s Services staff work closely with different professionals, such as Teachers, Police, Health Visitors and GP’s and other Northumberland County Council (NCC) services. This helps our services meet the needs of individual children, young people and their families.

Working together means that we need to share information about you and your family and also ask for information from professionals that will help us understand your situation.

We need your consent before we contact professionals outside of NCC for information or share information with them regarding you and your children. This includes professionals involved with your family receiving a copy of the Children and Families Assessment completed by your allocated Social Worker. If you are in agreement we would ask that you sign this form.

You may withdraw consent to information sharing at any time by informing us in writing of this. You may also ask for the information shared to be conditional. E.g. if there is a specific person or agency you don’t want us to share your information with or obtain information from.

Any details of the services we provide or information about you or your family will be held securely by NCC and you and your family's personal information is protected by the General Data Protection Regulation.

You do not have to consent to information sharing but this may increase difficulties for NCC in providing the appropriate support you or your family may need. You also need to be aware that information can be shared without your permission if the safety of your child/children/family or any other person is at risk or for a legal basis such as if the information is needed to prevent or solve a crime.

Consent to Share Information

**(**COMPLETE WHERE APPLICABLE)

|  |  |
| --- | --- |
| **Child / Young Person’s name(s)** | **DOB:** |
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|  |  |
|  |  |
|  |  |
|  |  |

**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 understand that my information will be held securely in accordance with the Data Protection Act.**

* 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/children’s personal information my 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:**

|  |  |
| --- | --- |
| **Parent/Guardian/Carer’s Signature:** |  |
| **Parent/Guardian/Carer’s Signature:** |  |
| **Date:** |  |