# **Surrey Care Leavers’ Service - Information Sharing Agreement**

# AGREEMENT TO SHARE AND DISCLOSE INFORMATION

CONSENT SHOULD BE OBTAINED AT ALL TIMES WHERE SAFE TO DO SO IN LINE WITH SURREY COUNTY COUNCIL POLICY

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| Name of Young Person: DOB: Current Address: Name of advisor:  |

I ........................................... agree to employees of the Care Leavers’ Service obtaining and sharing information with other agencies when it is relevant and necessary to do so. This may include housing agencies, education providers, health professionals, benefits agencies, probation and police and Children’s or adults services. I understand that the Care Leavers’ Service will share information without my consent if it is felt that I may present a risk to myself or to another.

If there are any agencies or people that you DO NOT wish the Care Leavers’ Service to obtain information from or share information with please tell us who they are below.

I DO NOT wish information to be obtained from or shared with the following (please state name of person and or agency):

[ ]  Please tick here is you wish to be informed about events and opportunities from the User Voice and Participation Team.

I understand information will be shared securely and only with those people who have a responsibility to keep children and young people safe and well. I am also aware that **I may withdraw my consent to share at any time**, by informing the Care Leaves’ Service of my intent to withdraw.

###### Please note: Consent will not obtained in the following circumstances:

###### For de-personalised/anonymous information

###### If there is an overriding legal/statutory requirement

###### Where a Court Order exists

###### For the prevention and detection of crime

###### Where the need to safeguard a child’s or young person’s welfare overrides the need for confidentiality

Signature:

Print name:

Date:

Please refer to the Data Protection Act for more Information (you may want your worker or other trusted adult to go through this with you).