

**AGREEMENT / CONSENT TO GATHER AND SHARE INFORMATION FOR THE PURPOSES OF PROFESSIONALS WORKING WITH YOUR FAMILY**

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

**Information about the child:**

Name of Child / Children: Click here to enter text.

Date of Birth of the above Child / Children: Click here to enter text.

Address: Click here to enter text.

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**Information about the parent/s:**

**NAME:** Click here to enter text. **NAME:** Click here to enter text.

Please state relationship to the child: **Mother/ Father/ Grandparent / Foster Carer / Guardian**

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**Parents / Carers give permission for the following:**

**Social Worker / Family Support Worker /Other worker (please specify)**

To see child / children in School / Nursery and share information Yes/No

To speak to and share information with School Nurse and or School teacher about your child: Yes/No

To speak to and share information with Health Visitor / Midwife about your child: Yes/No

To speak to and share information with your GP or any other professionals about your child: Yes/No

To speak to and share information with Police/Youth Offending Service/Probation Yes/No

To speak to identified family members / friends: Yes/No

A referral to EARLY HELP to be made: Yes/No

Home Visits / Other Visits to be announced and unannounced: Yes /No

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**BY SIGNING THE FORM, I UNDERSTAND THAT I AM AGREEING FOR THE ABOVE AGENCIES AND SERVICES TO GATHER AND SHARE INFORMATION. I UNDERSTAND THAT THE INFORMATION WILL BE HELD CONFIDENTIALLY AND ONLY SHARED WITH THOSE PROFESSIONALS AGREED TO BY YOU AND THE PROFESSIONALS WHO HAVE THE RESPONSIBILITY TO KEEP CHILDREN SAFE.** **I AM ALSO AWARE THAT I MAY WITHDRAW MY AGREEMENT/CONSENT TO SHARE AT ANY TIME, BY INFORMING THE APPROPRIATE DEPARTMENT IN WRITING OF MY INTENT TO WITHDRAW AND UNDERSTAND THAT A FULL SERVICE MAY NOT BE PROVIDED IF I WITHDRAW CONSENT**

###### Where consent is not obtained

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| Reason for consent not being sought or obtained (delete as appropriate) 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 welfare overrides the need for confidentiality |

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** Click here to enter text. **DATE:** Click here to enter text.

**RELATIONSHIP TO CHILD/YOUNG PERSON**

**NAME OF SOCIAL WORKER / OTHER PROFESSIONAL:** Click here to enter text.

**CONTACT DETAILS OF SOCIAL WORKER / OTHER PROFESSIONAL:** Click here to enter text.

***Please give one copy to each parent signing the form and retain one copy for office use***

**If applicable:**

***The child protection booklet/leaflet has been provided by the social worker Yes/No***

***The complaints leaflet has been provided by the Social Worker Yes /No***