**Consent to gather and share information for the purpose of working effectively with you and your family**

*Consent should be obtained at all times where it is safe to do so and in line with BCP policies and procedures- consent to gather and share information will include any adult with PR, where the information is relevant to safeguarding and meeting the needs of the child/ren. Consent is only required from one person with PR to share and gather information about the child.*

Name of the adult with PR from whom consent is sought

|  |  |
| --- | --- |
| Name:  | Date sought: |

Relationship to the child/ren named below for whom you have PR [please tick]:

|  |  |  |
| --- | --- | --- |
| Mother | Father | SGO Guardian |
| Other:  |  |  |

Information about the child/ren for whom you hold PR

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the child  |  | DoB and age: |  |
| Name of the child  |  | DoB and age: |  |
| Name of the child  |  | DoB and age: |  |
| Name of the child  |  | DoB and age: |  |
| Name of the child  |  | DoB and age: |  |
| Name of the child  |  | DoB and age: |  |

Which agencies are you consenting to information being gathered from and shared with?

*Any specific names of schools etc will need to be added by the worker: please consider GP surgery, School, nursery, CAMHs, Youth Justice Service, other local authority [name which ones], probation etc.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of specific agency** | **Consent provided?** |  | **Name of specific agency** | **Consent provided?** |
| eg St Joseph’s Primary | Yes |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

By signing this form, I understand and agree for the above agencies to be contacted to gather and share information. This may involve:

A) The social worker or another worker from BCP Children’s Social Care (CSC) contacting the agencies listed above to gather/ collect information about me and my child/ren from them;

B) The social worker or another worker contacting other agencies listed above to share information about me and my child/ren with them;

C) Meetings taking place between CSC and the agencies listed above to discuss me and my child/ren;

D) Any information gathered from the agencies listed above will be stored confidentially on BCP Children’s Social Care’s IT system;

I understand that I can withdraw my consent at any time by writing to CSC and telling them that I no longer consent to information being gathered or shared with one or more (or all) of the agencies listed above.

**Signed by the person with PR named above:**

|  |  |
| --- | --- |
| Signed: | Date: |

Please note that where CSC are worried about the safety of a child, information can be gathered and shared without consent of a person with PR.

When the assessment has been completed, I consent to CSC making contact with any agencies listed above that could help support me and my child/ren and for them to be invited to Early Help, Child in Need or other meeting to discuss how the support/services can be put in place.

Signed by the person with PR name above:

|  |  |
| --- | --- |
| Signed: | Date: |

For further information and understanding of who we share information with and why, please visit our website at <https://www.bcpcouncil.gov.uk/Privacy/Notices/childrens-services-privacy-notice.aspx>

More information on Parental Responsibility (PR) and whether you have PR can be found here:

[Parental rights and responsibilities: Who has parental responsibility - GOV.UK (www.gov.uk)](https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility)