

Information Sharing Consent Form

Family name					
Child 1		DOB		N number	
				NHS	
Child 2		DOB		N number	
				NHS	
Child 3		DOB		N number	
				NHS	
Child 4		DOB		N number	
				NHS	
Child 5		DOB		N number	
				NHS	
Child 6		DOB		N number	
				NHS	
Child 7		DOB		N number	
				NHS	
Child 8		DOB		N number	
				NHS	
Address					
<p>Information provided will be shared, as set out under the Data Protection Act 2018, for the purpose of working together. By signing the form you are agreeing to all of the following:</p> <ol style="list-style-type: none"> 1. I have been informed about the reason for sharing information. 2. I have been given the opportunity to discuss what sharing and not sharing information will mean. 3. I understand that only relevant information will be shared. 4. I understand that this information will be held securely. 5. I understand that the information may be shared, on a need to know basis, with other agencies, for example: Council services such as education, social care and the police, NHS services and other organisations providing a service to the child or family. 6. I understand that information can be disclosed without the need for consent in situations where a child or young person may be at risk of significant harm, or where it is required by law for family support or child protection procedures. 					
<p>Please indicate if there are any agencies that you do not want us to share information with; we will respect your wishes providing statement 6 does not apply.</p>					
<input type="checkbox"/> I consent to the sharing of information about the above child(ren)					
Responsible Parent		<input type="checkbox"/> I consent to the sharing of information about myself			
Date	Signature		Print Name		
Responsible Parent		<input type="checkbox"/> I consent to the sharing of information about myself			
Date	Signature		Print Name		

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Social Worker			
Name		Role	
Team			
Contact details			
Purpose of Disclosure	<i>Please forward information by secure email</i>		
<input type="checkbox"/> I have explained to the parent(s), what information will be shared, with whom, and for what purpose.			
<input type="checkbox"/> I confirm that the children do not have the capacity to consent to information sharing.			
<input type="checkbox"/> I have not sought consent for the following reason(s) <input type="checkbox"/> Section 47 <input type="checkbox"/> Risk of harm <input type="checkbox"/> Public interest <input type="checkbox"/> Criminal investigation			
The following persons have been informed of our intention to share or gather information <input type="checkbox"/> Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> None If none, or other, please provide details in the space below.			
Other Information			
Signature		Date	