|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  | | | | | |
| **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:**   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. | | | | | | |
| 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. | | | | | | |
| I consent to the sharing of information about the above child(ren) | | | | | | |
| Responsible Parent | | I consent to the sharing of information about myself | | | | |
| Date | | Signature | Print Name | | | |
|  | |  |  | | | |
| Responsible Parent | | I consent to the sharing of information about myself | | | | |
| Date | | Signature | Print Name | | | |
|  | |  |  | | | |

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