

<b>Title</b>	<b>Consent form to gather and share information</b>
<b>Purpose</b>	
<b>Updated by</b>	
<b>Approved by</b>	<b>Catherine Watkins</b>
<b>Date</b>	<b>11/10/2024</b>
<b>Version</b>	<b>V2</b>
<b>Status</b>	
<b>Review</b>	<b>October 2024</b>
<b>Frequency</b>	<b>Annually</b>
<b>Next review date</b>	<b>11/10/2025</b>

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<b>Date</b>	
<b>Version number</b>	<b>e.g. V2</b>
<b>Status</b>	<b>Final</b>
<b>Review frequency</b>	<b>12 months</b>
<b>Next review date</b>	<b>11 October 2025</b>

**AGREEMENT/CONSENT TO GATHER AND SHARE INFORMATION FOR THE PURPOSE  
OF PROFESSIONALS WORKING WITH YOUR FAMILY**  
Consent should be shared at all times, where safe to do, so in line with Surrey County Council  
Policy



**Information about the child/ren:**

<b>Name:</b>	<b>DOB:</b>	<b>Address:</b>
<b>Name:</b>	<b>DOB:</b>	<b>Address:</b>
<b>Name:</b>	<b>DOB:</b>	<b>Address:</b>
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<b>Name:</b>	<b>DOB:</b>	<b>Address:</b>
<b>Name:</b>	<b>DOB:</b>	<b>Address:</b>

**Information about the parent/carer:**

<b>Name:</b>	<b>DOB:</b>	<b>Address or as above:</b>
<b>Relationship to child:</b>		
<b>Name:</b>	<b>DOB:</b>	<b>Address or as above:</b>
<b>Relationship to child:</b>		

**Parent/carer give permission for the following to be contacted:**

<b>To see child/ren in education setting:</b>	<b>Yes No N/A</b>	<b>Name of setting:</b>
<b>To speak and share information with School Nurse:</b>	<b>Yes No N/A</b>	<b>Name of setting:</b>
<b>To speak and share information with education setting Designated Safeguarding Lead (DSL):</b>	<b>Yes No N/A</b>	<b>Name of setting:</b>
<b>To speak and share information with Health visitor/Midwife:</b>	<b>Yes No N/A</b>	<b>Midwife name and contact number:</b>

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To speak and share information with GP/Health Professional:	Yes No N/A	GP Surgery:  Any other:
To speak and share information with Police/Youth Offending/Probation/any other – please state	Yes No N/A	Named Professional:
To speak to identified family members/friend:	Yes No N/A	Name/s:
Referral to Early Help (if identified)	Yes No N/A	
Share Assessment with targeted EH services	Yes No	
Home visits/other visits – announced and unannounced	Yes No N/A	Notes:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Social Worker/other professional: \_\_\_\_\_

Contact details of Social Worker/other professional: \_\_\_\_\_

By signing this form, I understand I am agreeing for the above agencies and services to gather and share information. I understand 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 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. Reason for consent not being obtained/or sought:**

For depersonalised/anonymous informatio  If there is an overriding legal/statutory requirement   
Where a court date exists  For the prevention and detection of crime

Child Protection booklet has been provided YES NO N/A  
Family Safeguarding leaflet has been provided YES NO  
Feedback Form has been provided YES NO