

Information Sharing Consent Form

* **What is the purpose of this form?**The purpose of this form is to advise you what we will do with the information you have given us.
* **What will the information be used for?**The information will be used to get a fuller picture of what you or your child needs are and to work with you to see if we can help meet those needs.
* **Who will be able to see my information?**Access to the information will only be given to staff that have a reason to see it, for example some information may be shared with other involved professionals within Childrens Services for purpose of providing a service to you or your family members.
* **How long will it be kept for?**Information will only be kept for as long as we are required. This can depend on a number of different things. Please ask if you want to find out more about statutory retention periods.
* **Where will the information be kept?**The information you have given us will be stored on our client database and/or in a paper or electronic file. It will be kept confidential and secure so that we comply with the Data Protection and General Data Protection Regulations which came into force on 25th May 2018.
* **Could it be passed to anyone else?**If you give consent, some personal details may also be shared between services. This will only be used for the reason it was given- to help us assess and get the support you and/or your child’s need. Services and partner agencies that we may request information from or that we may share information with is outlined further down in this document.
* **Could the information be shared without my permission?**Yes, we have a statutory requirement to share and request information from services and partner agencies where there might be a child at risk or who has been harmed, or where a serious crime has or may be committed. This is to help us make informed decisions in respect of yours and/or your child’s needs.
* **What are my rights?**Your information is protected by the General Data Protection Regulations. This means that the information will only be used for the reasons we have stated. It will be kept safe and secure and you will have the right to see what information is being kept about you.You can read the full text of our Privacy Policy on the RBC website *(http://www.reading.gov.uk/dataprotection)*
* **Your Privacy**Under the Human Rights Act 1998 you have a right to Privacy.
We have a duty not to tell anyone. This means we will not give out any information about you to third parties without consent, unless we have a legitimate reason by law.

**Personal information that we will hold and may be shared includes:**

**Basic information-** which means name, address, gender, date of birth, school attended, GP, parent or primary carer, other family members.

**Additional information**- which means any needs you may have and how they may be met and it may also include other relevant ‘sensitive’ information such as ethnic origin, religion, general health, mental health, sexual life, offences alleged or committed.

**Services that we may request information from or share relevant information with where there is a legitimate reason to do so include:**

Other Reading Borough Council internal services including Early Help Services and Social Care
Health Service (e.g. GP surgery, Health Visitor, Midwife, Hospital departments)
Police
Schools or other childcare settings
Other relevant services that help provide support or protect the interests of children and families

| **The service requesting consent:** |
| --- |
| **Service/ Team:** |
| **Name of worker:** |

**To be signed by the person with parental responsibility or young person over age 16**

| **Name of child/ren this consent applies to:** | **Date of birth** |
| --- | --- |
| **CHILD:** | **DOB:** |
| **CHILD:** | **DOB:** |
| **CHILD:** | **DOB:** |

**Please tick the boxes you agree with:**

**Consent to request information from other agencies/ services to assist with our enquiries:**

I hereby give permission for Children’s Services to approach other agencies and professionals who are involved with me and my child/ren to gather information for the purpose of providing services to promote my (child/ren’s) welfare and to meet identified needs

**or**

I do not give my permission for Children’s Services to approach other agencies and professionals who are involved with me and my child/ren to gather information for the purpose of providing services to promote my (child/ren’s) welfare. I understand that this may make it more difficult for support to be offered or get the help needed.

**Consent to share information relating to you and your child/ren:**

I hereby give permission for Children’s Services to share information relating to me and my child/ren with other services and other partner agencies as listed above for the purpose of providing services to promote my (child/ren’s) welfare and to meet identified needs.

**or**

I do not give my permission for Children’s Services to share information relating to me or my child/ren with other services or other partner agencies as listed above. I understand that this may make it more difficult for support to be offered or to get the help needed.

I understand I can withdraw consent at any time by contacting the allocated worker or by contacting the relevant team that I am known to.

**Consentee Details:**

**Client or parent/ guardian or Young person (please sign below)**

**Name:** (Print) ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Relationship to child/ren:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_