

CONSENT TO SHARE INFORMATION

This form must be completed if the client needs to be referred to another Agency (service or client referral). Workers can complete the form where the client provides verbal agreement. Please ensure the client has been provided the Notice of Information Provision before completing this form.

I (*client name*)..... consent to the exchange of information about myself (and any other persons I have signed for below) between (*name of current lead agency*) and the other agencies/people listed below, so that these other agencies can help meet my needs:
1)
2)
3)
4)
5)

Client Declaration

My worker has discussed with me how and why certain information about me may need to be provided to other agencies. I understand, and give my permission for the relevant information to be shared with the agencies/people listed above.

I understand that any consent I provide to exchange my personal information is valid for 6 months from the date of my signature.

Name:

Date.....Client Signature:.....

Tick if verbal approval was provided rather than written

Agency/Other Witness Name.....

Role of Agency/Other Witness.....

Date..... Witness Signature.....

Only also sign the following if there are any accompanying children under 16 years of age and/or other family or group members who lack the legal capacity to agree to the above.

I (*client name*):

know (*names of children under 16 and/or those who lack legal capacity to agree to the above*):

.....
.....
.....

in the capacity of (*how client knows these people e.g. parent, guardian*):

and I am authorised to consent to the collection/ disclosure of information on their behalf.

Parent/Guardian Signature:.....