

One Staffordshire Information Sharing Protocol

Consent to process information

In relation to.....DoB.....

I hereby authorise any of the agencies recorded on the reverse of this document to disclose to the other agencies, both statutory and voluntary, any information that the agency considers necessary to assist those agencies to support me/my child in relation to all aspects of my/my child's; wellbeing, development, safety, behaviour, physical/mental health, social care, education, training, employment and housing.

This information may include special category / sensitive personal data, data which has been established from third parties as part of an investigation and may also include opinion. If applicable, information may also be shared regarding my/my child's communication needs, as part of integrated, local data sharing processes.

The implications of the above have been explained to me and I give my consent on the understanding that all disclosures of my/my child's information will be governed by the principles and provisions of Data Protection legislation and in accordance with Data Sharing Protocols and Agreements negotiated under that, and other, legislation.

I understand that there may be circumstances in which other agencies will be authorised in law to have access to my/my child's records and that the agencies will comply with legal requests accordingly.

I confirm that I have been provided with a notice about how my/my child's information will be used (attach a copy of the Privacy Notice).

To be completed by the data subject (where they have the capacity to consent):

Name:
Signed:
Date:

To be completed by someone with parental responsibility/authority to act (where the data subject does not have the capacity to consent):

Name (authorising person):
Sign:
Date:

In the presence of:

Name:
Signed:
Date:
Agency:

I also give my consent for the agencies recorded on the reverse of this document to approach other agencies, both statutory and voluntary, and obtain information my/my child's; wellbeing, development, safety, behaviour, physical/mental health, social care, education, training, employment and housing.

The implications of the above have been explained to me and I give my consent on the understanding that all requests for my/my child's information will be governed by the principles and provisions within Data Protection legislation and in accordance with Data Sharing Protocols and Agreements negotiated under that, and other, legislation.

To be completed by the data subject (where they have the capacity to consent):

Name:
Signed:
Date:

To be completed by someone with parental responsibility/authority to act (where the data subject does not have the capacity to consent):

Name (authorising person):
Sign:
Date:

In the presence of:

Name:
Signed:
Date:
Agency:

Note: Where consent has been refused or withdrawn the consequences of doing so should be explained to the data subject and the form must be marked 'Consent Withheld/Consent Withdrawn' and signed to that effect by the data subject.