



# Gloucestershire Children's Partnership

## Consent to Share Information

(COMPLETE WHERE APPLICABLE)

(PLEASE PRINT)

Child/Young Person's name(s):		DOB: / / DOB: / / DOB: / / DOB: / / DOB: / /
Parent/Guardian/Carer's name:		
Parent/Guardian/Carer's name:		

I have been informed about the need to share information about me/my child so those working with me/my family can work together.

I have been given the opportunity to discuss what sharing and not sharing information will mean to me and my family.

I have received a leaflet about sharing information.

I understand that my information will be held securely in accordance with the Data Protection Act.

I agree that my/my child's/children's personal information may be shared with those involved with me/my child(ren)

I do not agree that my/my child's/children's personal information may be shared with those involved with me/my child(ren)

I agree that my/my child's/children's personal information may be shared with those involved with me/my child(ren) **with the exception of:**

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Signature of Parent/Carer:		Date: / /
Signature of Parent/Carer:		Date: / /



## Gloucestershire Children's Partnership Consent to Share Information

Signature of Young Person:		DOB: / /
		DOB: / /
		DOB: / /
		DOB: / /
		DOB: / /
(MUST BE AGED 12 OR OVER AND ABLE TO UNDERSTAND THE PROCESS OF CONSENT)		

I have fully explained to the Young Person/Parent/Carer about information sharing and the involvement of other (external) services.

Signature of Worker:		Date: / /
Agency/Service:		