

**The Children and Families Service work closely with different professionals, such as teachers, health visitors and GPs. This helps us to understand and meet the needs of your family and members within it.**

**Before we are able to do this, we need to ask you for agreement, known as “consent ”, to collect and share this information about your family. However, before you sign to confirm you agree to this, we want to ensure you understand what we would need to collect, why we need to collect it and who it may need to be shared with.**

Please read the following carefully and then sign and date the form. By signing the form, you are agreeing that you have been made aware of the following points and agree to proceed with the process on this basis:

* 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 copy of the KMBC CSC Privacy notice.
* I agree that my basic personal information such as name, address, school and GP can be shared for the purpose of completing an assessment with my family.
* I understand that additional information may need to be shared to access the range of support/services required to meet my child’s needs. This additional information may include sensitive information such as mental health, sexual health, alleged or committed offences. This could be with professionals that are working with your family unless you request below that we do not share this. Information will only be shared where a lawful basis applies, and information shared will be relevant and proportionate for the purpose.
* I understand that my information will be stored securely and handled appropriately in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. This includes ensuring access is restricted to only those individuals who need to have access as part of their job role and where there is a lawful basis to share information with appropriate controls in place.
* I understand that the Council has a legal duty to share my information, even without my consent, where a person may be at risk of significant harm, where it is required by law to share information for family support procedures or child protection procedures or to prevent/detect crime.
* I understand that the information will be shared with the appropriate agencies. These could include Council services such as Education and Social Care and external services such as the Police, Health Services, Voluntary other organisations providing a service to children, young people and families. Where this applies information will only be shared where a lawful basis applies. such as legal obligation or public task. Information shared will be relevant and proportionate for the purpose.
* I agree for my information to be shared with my network of support where nominated unless listed below as an exception.

**Your agreement – use of your information**

I have been informed and I understand why information about my family is being recorded and how it will be used and shared. On this basis, please select one of the following:

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| I give consent for information about my family to be used for the above purposes\* □I give consent for information about my family to be used for the above purposes subject to the requested exceptions below \* □I do not give consent for information about my family to be used for the above purposes and understand what this will mean for me and my family\* □ |

**\*Your consent is not required where the Council has a legal duty to share your information. This would be where a person may be at risk of significant harm, where it is required by law to share information for family support procedures or child protection procedures or to prevent/detect crime. Therefore, the Council cannot grant all exceptions where consent is not relied on for the lawful basis to process.**

Signed: …………………………………………………………………………………………………

Print Name: …………………………………………………………………………………………………

Date: …………………………………………………………………………………………………

**Exceptions to information sharing**

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| **I do not consent to the following information being shared:** | **Specific information (please include who you do not want this information shared with)** |
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**\*The information provided here will be considered and discussed with you. Please be aware that where the Council has a legal duty to share information without your consent, we will not be able to honour all exception requests.**

**Individual Carer, Parent or Family Representative consent to share information about myself as part of the assessment process.**

*This consent needs to be given for all members of the family as appropriate. It must also be signed by the professional working with you.*

**Person 1: Your agreement – use of your information**

I have been informed, have read the information above and I understand why information about me is being recorded within the assessment and how it will be used and shared.

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| I give consent for information about me to be used for this purpose\* □I give consent for information about me to be used for this purpose subject to the requested exceptions below \* □I do not give consent for information about me to be used for this purpose and understand what this will mean\* □ |

**\*Your consent is not required where the Council has a legal duty to share your information. This would be where a person may be at risk of significant harm, where it is required by law to share information for family support procedures or child protection procedures or to prevent/detect crime. Therefore, the Council cannot grant all exceptions where consent is not relied on for the lawful basis to process.**

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| Relationship:……………………………………………………………………………………………….Signed:…………………………………………………………………………………………….....Print Name……………………………………………………………………………………………….Date:………………………………………………………………………………………………. |

**Exceptions to information sharing**

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| **I do not consent to the following information being shared:** | **Specific information (please include who you do not want this information shared with)** |
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**\*The information provided here will be considered and discussed with you. Please be aware that where the Council has a legal duty to share information without your consent, we will not be able to honour all exception requests.**

**Person 2: Your agreement – use of your information**

I have been informed, have read the information above and I understand why information about me is being recorded within the assessment and how it will be used and shared.

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| --- |
| I give consent for information about me to be used for this purpose\* □I give consent for information about me to be used for this purpose subject to the requested exceptions below \* □I do not give consent for information about me to be used for this purpose and understand what this will mean\* □ |

**\*Your consent is not required where the Council has a legal duty to share your information. This would be where a person may be at risk of significant harm, where it is required by law to share information for family support procedures or child protection procedures or to prevent/detect crime. Therefore, the Council cannot grant all exceptions where consent is not relied on for the lawful basis to process.**

Relationship:

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Signed:

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Print Name:

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Date:

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**Exceptions to information sharing**

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| **I do not consent to the following information being shared:** | **Specific information (please include who you do not want this information shared with)** |
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**\*The information provided here will be considered and discussed with you. Please be aware that where the Council has a legal duty to share information without your consent, we will not be able to honour all exception requests.**

**Person 3: Your agreement – use of your information**

I have been informed, have read the information above and I understand why information about me is being recorded within the assessment and how it will be used and shared.

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| I give consent for information about me to be used for this purpose\* □I give consent for information about me to be used for this purpose subject to the requested exceptions below \* □I do not give consent for information about me to be used for this purpose and understand what this will mean\* □ |

**\*Your consent is not required where the Council has a legal duty to share your information. This would be where a person may be at risk of significant harm, where it is required by law to share information for family support procedures or child protection procedures or to prevent/detect crime. Therefore, the Council cannot grant all exceptions where consent is not relied on for the lawful basis to process.**

Relationship:

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Signed:

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Print Name:

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Date:

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**Exceptions to information sharing**

|  |  |
| --- | --- |
| **I do not consent to the following information being shared:** | **Specific information (please include who you do not want this information shared with)** |
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**\*The information provided here will be considered and discussed with you. Please be aware that where the Council has a legal duty to share information without your consent, we will not be able to honour all exception requests.**

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**Declaration by Member of KMBC Staff:**

**I confirm that I have provided all necessary information to the family to allow an informed decision to be made including what information is needed, why it is needed and who it may need to be shared with. I also confirm this has included providing privacy/fair processing information. A copy of this agreement has been saved to the case record and all those involved in the case have been made aware of any exceptions granted.**

Signed: ……………………………………………………………………………………………………….

Print Name: ……………………………………………………………………………………………………….

Date: …………………………………………………………………*…………………………………………………..*