

CONFERENCE INTRODUCTION AND ATTENDANCE LIST

Conference Details:		Date:	
Venue:		Minute Taker:	

I have personally entered my details below and in doing so, confirm that I have read:

- All reports presented at conference
- SOS information
- The complaints process
- The Significant Harm document
- I agree to the confidentiality, information sharing and data protection statement as follows:

CONFIDENTIALITY STATEMENT:

The matters raised are confidential to members of this conference and the agencies that they represent, and should only be shared with others for the purpose of promoting the safeguarding and welfare of the children concerned. The Minutes of the Conference are distributed on the strict understanding that they will be kept confidential and in a secure place.

INFORMATION SHARING AND DATA PROTECTION

Should there be a need to share any of the information included in the minutes with other professionals who are involved with the family but were not present at conference or for managerial or supervisory purposes this is acceptable. However, if information needs to be shared with third parties then permission must be sought from the Independent Chair or the Team Manager Independent Chairs.

In the event of a request for access to personal information under the Data Protection Act (or any other legislation that gives you right of access to information such as the Freedom of Information Act), agencies must consult and gain permission from Lincolnshire Safeguarding Children Board (C/O Lincolnshire County Council, Orchard Street, Lincoln, 01522 553100) before releasing any information. The LSCB will consider whether an exemption should apply under the appropriate legislation and the extent of that exemption.

- I am aware of the Emergency evacuation procedures (information detailed on posters in the conference room)
- I have been provided with a conference feedback form
- I will ensure my mobile phone is switched off
- I will ensure I ask the chair of the meeting if I require a comfort break and this will be accommodated accordingly

NAME & FULL JOB TITLE	AGENCY & WORK ADDRESS	CONTACT PHONE NUMBER	SECURE EMAIL ADDRESS <i>*Please note this must be a secure email gcsx.gov.uk, nhs.net, pnn.police.uk, scn.gov.uk, cjsm.net, x.gsi.gov.uk, gsi.gov.uk, gse.gov.uk, etc.</i>

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APOLOGIES	
Name	Full Job Title & Agency