

## 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:.....