**Consent for Information Sharing**

**The section below must be completed for each family member. Please print additional pages if required.**

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| I agree to the Early Help process taking place and I understand that my personal information will only be shared with agencies where I have given my consent. Please 🗶 to confirm which of the agencies listed below you consent for your information to be shared with; |
| **Name of Family Member:** |  |  |  |  |  |
|  | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Children’s & Adolescent Mental Health Services (CAMHS) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Adult’s Mental Health Services |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Housing |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| SEN Team |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Education Psychology |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Sensory Impairment Service |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Alcohol Abuse/Support Service |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Drug Abuse/Support Services |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Domestic Violence Support Services |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Education Investigation Team |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Police |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Probation |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Youth Offending Service |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Connexions |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Youth Service |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Family Centre |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Citizens Advice Bureau |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Department for Work & Pensions |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Health Visitor |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Education provision |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| School Nurse |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| General Practitioner |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Midwife |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Other; please state |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **SIGNATURE** |  |  |  |  |  |
| **DATE:** |   |   |   |   |   |