**Consent for Information Sharing**

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:** |  | |  | |  | |  | |  | |