

**Early Help Multi—Agency Information Sharing Consent Form**

® **What is the purpose of this form?**

The purpose of this form is to advise you what we will do with the information you have given us.

® **What will the information be used for?**

The information will be used to get a fuller picture of what you or your child’s needs are.

®**Who will be able to see my information?**

Access to the information will only be given to staff who have a reason to see it. The child is the subject of the file and could request to see his/her file. This is his/ her legal right under the General Data Protection Regulation 2016 and the DPA 2018 ®**How long will it be kept for?**

Information will only be kept for as long as it is needed. This can depend—you can find out more about this if you ask us.

®**Where will the information be kept?**

The information you have given us will be stored on our client database and in paper file. It will be kept confidential and secure so that we comply with the Data Protection law.

®**Could it be passed to anyone else?**

If you say it is OK, some personal details may be shared between services. This will only be used for the reason it was given—to help you get the support you and/ or your child need.

®**Could the information be shared without my permission?**

Yes, where there might be a child at risk or who has been harmed, or by order of the court, or where a serious crime has or may be committed.

®**What are my rights?**

Your information is protected by the Data Protection law. This means that the information will only be used for the reasons we have stated. It will be kept safe and secure and you have the right to see what information is being kept about you.

> The right to be informed

> The right of access

> The right of rectification

> The right to erasure (in some circumstances)

> The right to restrict processing (in some circumstances)

> The right to data portability (in some circumstances)

> The right to object (in some circumstances)

> Right in relation to automated decision making and profiling

®**Your Privacy**

Under the Human Rights Act 1998 you have the right to Privacy. This means we will not give out any information about you to third parties without consent, unless we have to by law.

®**What is consent?**

Consent is when you agree or give permission.

®**What is Explicit (express) Consent?**

A clear expression of agreement made on the basis of sufficient information to let you understand the implications of giving that consent.

®**What is informed Consent?**

Consent that is given with full understanding of why you have been asked to agree to something and the reason why you allow us to share the information.

®**What special categories data do we hold?**

> Race

> ethnic origin

> Politics

> Religion

> Genetics

> biometrics (where used for ID purposes)

> Health

> Sex life

> Sexual orientation

**Early Help Multi—Agency Information Sharing Consent Form**

**The purpose of this consent form is to enable professionals from different services and agencies to share information about the service user(s) below in order for them to properly assess their needs and agree the best way to help.**

**It is normal practice to seek information and opinions from other professionals/ agencies who may be involved in planning and arranging services and to share information with them. All agencies will keep information confidential in accordance with their procedures.**

**Personal Information includes:**

**▪ Basic Information:** This means name, address, gender, date of birth, school attended, GP, parent or primary carer, staff members involved.

▪**Additional Information:** This means any needs you have and how they may be met and it may also include other relevant ‘special categories’ information for example race; ethnic origin; politics; religion; genetics; biometrics (where used for ID purposes); health; sex life; or sexual orientation.

**Professionals/ Agencies include:**

**▪**Bridgend County Borough Council (for example: Housing, Social Services, Education Services or any other relevant council department)

▪Youth Offending Team ▪Health Services (for example: Health Visitor, GP, Consultant, School Nurse) ▪Bridgend College

▪Police ▪Job Centre Plus—Department of Work and Pensions ▪Work Based Training providers.

▪National Probation Service ▪Careers Wales ▪Agored Cymru

▪Other (Please Specify) ……………………………………………………………

|  |  |
| --- | --- |
|  | **I understand that my information will be shared only with professionals in the agencies involved in my case. By signing**  |
| **Young Person Name:**  |   |
| **Young Person Signature:**  |   |
| **Date:**  |   |
| **Parental Consent If Under 16:**  |   |
| **Date:**  |   |
| **Witnessed:**  |   |