

Information sharing and storage consent form

As part of your engagement with Southampton's Early Help services we need to share your family's personal information with partner agencies so that we can understand how best to help you and your family. Information will be shared with other agencies if you agree and it is an important part of the support we offer to you and your family.

As part of the Families Matter programme we may share your personal information (including name and date of birth) with the Department for Communities and Local Government for research purposes.

Sharing information in this way does not affect your benefits, services or treatments that you may receive. All information will be anonymous and handled with care in accordance with the law.

We will treat all personal information confidentially and we will not share it with anyone where you have instructed us not to.

Your personal information will be stored securely and retained in accordance with the Data Protection Act 1998 and time periods set out within retention and disposal policies in place across our partner agencies for the type of services and support we provide to you. The only time that this is different is when there is a lawful provision that enables us to share the information.

Consenting adult (CA 1)		
Name		Date of birth:
Address		Postcode:
Phone		
Email		
National Insurance number		
Ethnicity		
Language		
Religion		
Interpreter or signer required?		
Any disabilities?		
Signature		
GP for family if known		

Consenting adult (CA 2)		
Name		Date of birth:
Address		Postcode:
Phone		
Email		
National Insurance number		
Ethnicity		
Language		
Religion		
Interpreter or signer required?		
Any disabilities?		
Signature		

Children (pre-birth to 17 years inclusive who will be covered by this consent form

Name		Name	
Date of birth		Date of birth	
Relationship to CA		Relationship to CA	
Address (if different)		Address (if different)	
Ethnicity		Ethnicity	
Language		Language	
Religion		Religion	
School/nursery		School/nursery	

Name		Name	
Date of birth		Date of birth	
Relationship to CA		Relationship to CA	
Address (if different)		Address (if different)	
Ethnicity		Ethnicity	
Language		Language	
Religion		Religion	
School/nursery		School/nursery	

Name		Name	
Date of birth		Date of birth	
Relationship to CA		Relationship to CA	
Address (if different)		Address (if different)	

I confirm that

- I have had the Families Matter programme explained to me and I understand what this may mean for my family.
- I have had the reasons for information sharing explained to me and I understand those reasons.
- I agree to the sharing of information with other relevant support agencies appropriate for my family's needs; this could include services such as those listed below and that agencies can share information about me with Southampton City Council.

We may share information with

Adult services	Hospital	Youth Offending services
Police	School nurse	Health visiting
Sure Start	Adult probation	NSPCC
GP/doctor	Housing/landlord	Children's & Families services
Department of Work & Pensions/Job	Children & Adolescent Mental	Schools, colleges, or ther education
City Limits/City Deal/No Limits	Substance Misuse services	Domestic Abuse services
Troubled Families (DCLG)	Families Matter	

If there is a service or services you do not wish us to share information please state below: