# OFFICIAL: Sensitive

# **Consent to share information (CFMU)**

**Note - A separate form is required for each person whose consent is being sought**

**Please discuss the following statement with the person before completing this form:**

*The Department for Child Protection will work closely with you and other agencies to coordinate the best support for you and your family. We will ask for your informed consent to share information about you, if we consider that it is reasonable and practicable to do so.*

**Proposed information to be shared**

I consent to the outcome letter relating to the service type noted below, being shared by the Department for Child Protection (DCP) to the agencies /or persons listed below; and I consent to relevant information about me being shared by those agencies and persons to DCP:

|  |  |  |
| --- | --- | --- |
| **Name of agency/person** | **Service type**  **(Internal Review)**  **(General Complaint)**  **(Contact Arrangement Review Panel – CARP)** | **Type of information and purpose for sharing information *(including limits as applicable)*** |
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\* Use an attachment if more space is required. Each page must be signed by the person consenting to the information being shared.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Record of Consent** | |  | |  |
| **Written Consent** |  |  | | |
| **Name:**  **Signature:**  **Date:**  / /  **Address:**  **Date of Birth:** / / **Phone number:**  **Witness’s name**  **Signature:**  **Date:**  / /  **Position:**   **Location:** | |  | Other information (if necessary) | |

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