**Education Safeguarding: Consent to sharing information**

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. Sharing of information between practitioners and organisations is essential for effective identification, assessment, risk management and service provision. The starting point in relation to sharing information is that practitioners will be open and honest with families and individuals from the outset about why, what, how and with whom information will or could be shared with. Consent should be sought unless there are reasonable grounds for believing that asking for consent would be unsafe or inappropriate.

Please consider this guidance in conjunction with [Bradford Safeguarding Partnership’s Multi-Agency Information Sharing and Consent policy](https://saferbradford.co.uk/other-pages/search-results/?searchStr=consent).

**Use of personal information**

If you would welcome support with your family then we need your consent for agencies to co-ordinate any support you may be receiving from other agencies through sharing information with them. This could include the following agencies: Children’s Specialist Services, Schools, Police, National Probation Service, Community Rehabilitation Company, Youth Offending Team, Department of Work and Pensions (including contracted work programme providers), Incommunities, Families First Commissioned Services and health services such as your GP, Health Visitors & School Nurse. You are asked to consent (to give permission for) personal information about you and your children being shared between the referring agency, Bradford Children and families trust and other agencies where it is appropriate to do so.

Information sharing will only be done to help us provide an effective service and it may be used to for monitoring, evaluation, research and planning purposes but it will always be in accordance with the Data Protection Act 2018.

In some cases, information may be shared between agencies without consent, for example, where sharing information might prevent a crime or safeguard the welfare of a child or young person. Even in these circumstances, we will discuss this matter with you. Reasons for might be:

* If it is believed that a child’s/adult’s safety or welfare is at immediate risk
* Where it is required to do so by law because of a criminal activity /drug trafficking offences
* Should you or your child fall ill during contact with the service and relevant information needs to be given to a medical professional

**Consent for information storage and information sharing**

The reasons for sharing information have been explained to me. I give my permission for Bradford Metropolitan District Council to obtain personal and /or sensitive information personal data about me for the purpose set out above and agree to my information being shared with other agencies where necessary.

My explicit consent is freely given, fully informed and I understand that it can be withdrawn at any time. I have been given the opportunity to ask any questions in relation to Bradford’s Information Sharing and Consent Policy.

This completed form will be retained by Bradford Metropolitan District Council. Information will be stored on a secure electronic system and shared with other organisations as appropriate, and only communicated by secure means. It will be destroyed in accordance with data protection principles and Bradford Metropolitan District Council’s retention policy.

If you are the Parent/Carer you are also giving your permission to share personal information about young people (under 16) in your care.

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**Please ensure that consent is clearly documented below, whether it is a signature or a note to say that verbal consent has been gained and who from.**

Parent/carer name ……………………………………………………………………………

Paren/carer signature ……………………………………………………………………….

Date ……………………

Parent/carer name ……………………………………………………………………………

Paren/carer signature ……………………………………………………………………….

Date ……………………

Young person 16+ name ……………………………………………………………………………

Paren/carer signature ……………………………………………………………………….

Date ……………………

Young person 16+ name ……………………………………………………………………………

Paren/carer signature ……………………………………………………………………….

Date ………………….