



Informed Consent Statement

ESF Support for Families in.....

We work in [detail area your contract covers] and with x Local Authority to make sure that you and your family receive all the services you need, when you need them. We want to focus on your particular needs to make sure that you get the right support.

To help us do this, we want to share your personal information with each other. The exchange of information will take place mainly during case conferences attended by representatives of some or all of the Partners listed in the leaflet below.

The information we may share is information about;

- Benefits received and support to find employment (for example which benefits you receive, when these are due for review, support you are being provided to become more work ready, conditions of your benefit receipt and when these may change)
- transport issues (access to transport, regular visits to friends / family)
- housing matters (for example tenancy type, rent arrears, fixed abode)
- family matters (for example your current and former relationships, children and stepchildren, domestic routines and environment)
- health information (for example any disabilities, illnesses, mental health problems, addictions / dependencies, support you receive)
- relevant police and probation information (for example any conditions that you are under, previous convictions, police involvement at your address)
- qualifications, work history and career aims
- The Partners involved are listed in the leaflet below.

Other agencies working with you and your family are

.....
.....

Sharing your information will help us to support you better by;

- Helping the team give you the best advice about services in your local area.
- Helping partners understand how they can improve services to you.

DWP Consent Wording for Case Conferences

- Allowing the team to contact you to provide help and support with any problems you may have or which may worry you e.g. housing issues.
- Offering help and support to you by talking about your needs, and how Partners can help.

We will only share your personal information for reasons mentioned above unless the law says we are required to share it for another reason or, we believe we must share the information to protect you or others. If in this process we obtain information that is relevant to benefits that you receive we may contact you further to ensure your entitlement is correct.

Your personal information will be stored securely and retained until the end of the project or until you withdraw your consent.

You may withdraw your consent by contacting xxxx

Consent to share your personal information

I..... (Print full name)
have had the above information explained to me, including any consequences of not sharing Health/Social Care information
Signed Date.....

Key worker signedDate.....

Health and Social Care Information

We also may wish to share any Health and Social Care information which we believe will help us to identify how best to support you. Because this information is confidential we need to ask you if you are happy with this information being shared.

Yes, I am happy for you to share any relevant Health/Social Care Information and understand that I can change my mind at anytime
Signed.....

Yes, I am happy for you to share any relevant Health/Social Care Information, apart from (please tell us below) and understand that I can change my mind at anytime

.....
Signed.....

No, I do not agree to any Health/Social Care information being shared
Signed.....

Consent to share personal information about young people (under 16) under your care

I..... (Print full name)
provide consent to share personal information about the following young people under my care:

DWP Consent Wording for Case Conferences

Young person 1 name:.....
Relationship to you:.....

Young person 2 name:.....
Relationship to you:.....

Young person 3 name:.....
Relationship to you:.....

Young person 4 name:.....
Relationship to you:.....

Young person 5 name:.....
Relationship to you:.....

Young person 6 name:.....
Relationship to you:.....

Signed Date.....