



## Information Sharing Form and Privacy Declaration

Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. 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, however, we will only do so when it is necessary in order for our service to be provided. The Council may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law.

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.

More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request.

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	

**I confirm that** (Please tick corresponding boxes)

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 these reasons.

***The above boxes must be ticked for involvement to continue***

I understand that information will be shared with the agencies and professionals, listed below, when it is necessary in order for the service to be provided:

***The above box must be ticked for involvement to continue***

**We may need to share information with:**

Adult services	Department of Work & Pensions/Job	Youth Offending services
Police	School nurse	Health Visiting
SureStart	Adult probation	Children’s & Families services
GP/doctor	Housing/landlord	Schools, colleges, or their education
Substance Misuse services	Children & Adolescent Mental	Families Matter
Domestic Abuse services	Troubled Families (DCLG)	

With your permission, we would also like to share information with the additional agencies below, in order to improve our level of service. Please mark **every empty box** in the table below with a  for ‘yes’, or a  for ‘no’ to confirm whether you consent for your personal data and family information to be shared, when deemed necessary, with these supplementary services:

**With your permission we will also share information with:**

Hospital	NSPCC	City Limits
City Deal	No Limits	Other (Specify) .....

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