**Lancashire County Council**

**Homelessness Protocol**

**Young Person Information Sharing Consent Form**

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| ***This form* must *be completed by the Social Worker/Personal Advisor/Key Worker, in relation to searches for young people aged 16/17 and older, alongside the young person.***  ***The importance of consent should be explained in order to ensure that is informed consent.*** |

In relation to my request for support with my housing needs, I authorise the agencies listed below to disclose relevant information that the agencies consider necessary to assist in supporting me.

I therefore agree that personal information about me may be shared and gathered from the following agencies by Lancashire County Council.

* + Children's Social Care
  + Voluntary Sector Organisations
  + Housing Providers
  + NHS and other Health Services, including my GP practice
  + Early Intervention Service including the police
  + Mental Health Services
  + Education Support Services

This information may include sensitive personal data, data which has been established from third parties as part of an investigation and may also include opinion.

The implications of the above have been explained to me and I give my consent on the understanding that all disclosures of information will be governed by the principles and provisions of the most recent Data Protection legislation.

I understand that this consent to share personal information is entirely voluntary and I can withdraw consent at any time. Consent can be withdrawn by discussing the matter with my allocated Social Worker/Personal Advisor/Key Worker***.***

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| **To be completed by the young person.**  Name:  …………………………………………………………………………………………  Service User Number (if applicable)  …………………………………………………………………….…..  Signed:  ……………………………………………………………………………………………  Date:  ………………………………………………………………………………………  Name of Social Worker/Personal Advisor/Key Worker  …………………………………………………….. |

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| Consent Given |  | Consent Withdrawn |  |