

Consent to share information

To be signed by the young person or person with parental responsibility

Luton Safeguarding Children Board

This form contains your consent to the sharing of information between the organisations identified below. The consent applies to the children named below and where necessary may include information about the child's health, welfare and development and the child's home or family circumstances.

If you give permission, information will be shared with relevant organisations amongst those listed, to assist the effective provision of family support, education or health services to the child/children named below. This consent will remain valid for one year from the date of signature marked on this form. It applies to information already held on the file or record and to information subsequently added.

Organisations include:

- Luton Borough Council
- Schools
- Health Service (eg. Health Visitor, GP, Consultant & School Nurse)
- Police
- Youth Offending Service
- National Probation Service
- Other.....

Are there any of these groups you would not want us to share information with?

I agree to the personal information of the individuals named below being shared for the purpose of providing services to promote their welfare and meet their identified needs.

Name: (Print) _____ Signed: _____

Young person or parent/guardian Date of signature: _____

I do not agree to the personal information of the individuals named below being shared for the purpose of providing services to promote their welfare and meet their identified needs.

Name: (Print) _____ Signed: _____

Young person or parent/guardian Date of signature: _____

Name of child	D.O.B	Name of child	D.O.B

I am satisfied that the person is capable of understanding the information that I have given to them

Name: (Print) _____ Signed: _____

Date of signature: _____ Organisation/Service: _____

Give 1 copy to young person/parent or carer

This information can be made available in other formats. If you require a copy in large print, on tape or in a language other than English, please Telephone: 01582 54 75 90.

Bengali

এই তথ্য অন্যান্য সংস্করণেও সরবরাহ করা যেতে পারে। আপনি যদি বড় হরফে ছাপা, টেপ-এ রেকর্ড করা অথবা বাংলা ভাষায় অনুবাদ করা কপি চান, তাহলে এই নম্বরে যোগাযোগ করবেন (টেলিফোন)
(মিনিকম/টেক্সটফোন)

Gujarati

આ માહિતીવિગતની વ્યવસ્થા બીજી રીતે પણ થઈ શકે છે. જો તમને આ માહિતી મોટા છાપેલાં અક્ષરોમાં, ટેઈપ પર રેકોર્ડ કહેલી અથવા ગુજરાતી ભાષામાં જોઈતી હોય તો, કૃપયા ટેલિફોન કરો:
(મિનિકોમ/ટેક્સ્ટ ફોન)

Polish

Informacje te mogą być dostępne w innym formacie. Jeżeli wymagana jest kopia napisana większym drukiem, na kasecie lub w języku innym niż angielski prosimy o kontakt telefoniczny pod numerem:

.....
Lub o kontakt poprzez minicom lub telefon tekstowy:

.....

Punjabi

ਇਹ ਜਾਣਕਾਰੀ ਦੂਜੇ ਤਰੀਕੇ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੀ ਹੈ ਜਿਵੇਂ ਅਗਰ ਤੁਹਾਨੂੰ ਇਸ ਦੀ ਕਾਪੀ ਪੰਜਾਬੀ ਵਿਚ ਵੱਡੇ ਅੱਖਰਾਂ ਜਾ ਟੇਪ ਤੇ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਫੋਨ ਕਰੋ : ਟੈਲੀਫੋਨ
ਮਿਨਿਕੋਮ / ਟੈਕਸਟ ਫੋਨ

Urdu

یہ معلومات آپ کو دوسری صورتوں میں بھی فراہم کی جاسکتی ہیں۔ اگر آپ کو اس کی کاپی بڑے حروف میں، یا آواز کی صورت میں کیسٹ پر اردو زبان میں درکار ہو تو براہ کرم اس فون نمبر پر فون کریں۔
منی کوم/ٹیکسٹ فون پر رابطہ کریں۔