

Information Sharing Consent Form

I _____
hereby give my permission forto share personal
information with other service providers in connection with my housing and support needs.
I understand that (*the host organisations*) may hold information gathered about me from the
various agencies and as such my rights under the Data Protection Act will not be affected.

Statement of Consent:

- I understand that personal information is held about me.
- I have had the opportunity to discuss the implications of sharing or not sharing
information about me.
- **I agree that personal information about me may be shared and gathered
from the following agencies:**
 - Gloucester City Council
 - P3 Charity
 - Police
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 - (*Name others that might be involved*)

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I agree to my information being shared and gathered between services

**Your consent to share personal information is entirely voluntary and you may
withdraw your consent at any time.** Should you have any questions about this process,
or wish to withdraw your consent please contact:

Name

Address

Post code Date of Birth

Signature

Date

Signature of professional

Print name

Agency / service.....