**SHARED PROFESSIONAL INFORMATION CONSENT FORM**

A picture containing drawing

Description automatically generated

**Name of Child/person .....................................................................................................D.O.B:..........................................**

**Address: ........................................................................................................................................................................................................................................................**

**Professional’s name involved with the above child/person: ....................................................................................................................................................................**

**Who has parental/carer responsibility (if applicable) ...............................................................................................................................................................................**

In working with you, it is sometimes useful to be able to talk with other people who know you, in order to complete our assessment or improve the service we can offer you. This may be to ask for information from others about the individual referred for an assessment. It could also be useful for us to discuss our assessment and to explain what we know to other workers to help them in working with you.

All communications will be treated with confidentiality and discussed appropriately. Please let us know who such workers might be, and if you have no objections to us contacting them to discuss such information.

|  |  |  |  |
| --- | --- | --- | --- |
| Professional | Please state names and, if possible, phone numbers | Please sign if you are happy for us to ask for information about you/your child from this person | Please sign if you are happy for us to share our information about you/ your child with this person |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I also agree to ..........................................................................*(child/ person’s name)* being seen for assessment and treatment at the Roundway Centre and my / my child’s details being kept on the database. Further information on specific treatments will be discussed as appropriate. I agree to the Roundway Centre Terms and Conditions.

Signature of Parent/Carer/Legal Guardian *(Delete as appropriate)* .........................................................................................................................................

Signature of Child/Young Person .................................................................................................... Date ............................................................................