

**ADULT SOCIAL CARE**

**INFORMATION CONSENT FORM**

In order to provide you with the most effective service, we will be required to hold your personal information on an electronic system. We will only ask you for relevant information and will hold it no longer than the statutory retention times, after which it will be deleted.

Sometimes we might need to share your personal information with other organisations so we can work with partner agencies to offer you the best service.

I understand that personal information about me may be shared with other agencies. I hereby give my consent to share information with the following services:

Adult Social Care [ ]

NHS [ ]

Housing (CIOS) [ ]

Environmental Health (CIOS) [ ]

DWP (Department for Work & Pensions) [ ]

Independent Care Organisations [ ]

Independent Advocacy Service [ ]

Voluntary Organisations (Healthwatch) [ ]

IOS Fire & Rescue [ ]

Police [ ]

(Please tick relevant boxes)

Name:

Signature:

Date: