

Permission to share information

Background information

Why do we share your information?

We share information with other professional people who know you and your child, for example, your GP, health professional, teacher, support worker, therapist so that we can assess your child's needs and support your child in our service. We can do this better if we have your agreement.

What information do we want to share?

We tell other professional people who know you information that may support their assessment and understanding of your child's needs. We ask them for any information they have that may be relevant to our understanding of your child's needs. We invite them to become part of a team who provide support or services to you and your child. We only share information with them that is:

- Necessary and in proportion to your child's needs
- Relevant, reliable and accurate

How we share information?

We take care of personal information. We limit access to our records and only share information by secure means. We:

- Ensure we are sharing the right information with the right person
- Only share what another person needs to know
- Distinguish fact from opinion
- Share information in a timely manner and only keep information we receive for as long as necessary

What if you don't agree?

Where possible we respect your wishes if you don't agree to us sharing some or all your personal information. If we can complete the assessment without sharing information and it doesn't compromise the safety or welfare of your child, we will do so.

However, if your child is the subject of an emergency protection order, is in police protection or we have reasonable cause to suspect that your child is suffering or likely to suffer significant harm we have a duty under section 47 of the Children Act 1989 to make enquiries to enable us to decide whether any action is needed to keep your child safe or promote their welfare.



Details of child/children for whom this concerns:

Child 1: First Name

Last Name

Date of Birth

Child 2: First Name

Last Name

Date of Birth

Child 3: First Name

Last Name

Date of Birth

Parent/Guardian Permission

- I accept Tanderra OOSH staff/representatives contacting other professionals to share information about my family and my child.
- I understand Tanderra OOSH staff could contact other professionals and I agree to the professionals contacted sharing information about my family and my child with Tanderra OOSH.
- I understand that a decision can be taken to share information without my agreement if there is a good reason to do so, such as where safety may be at risk.

Declaration

I agree to Tanderra OOSH representative(s) contacting other professionals to share information about me and my children.

Name of parent/guardian:

Signature:

Date: