**Early Help Family Agreement Form**

**How do we collect information from you and for what purpose?**

The purpose of this form is to ensure that your family agrees to accessing Early Help support, by involving services that will be able to support your family. Information may be shared with partner agencies to provide you with specific services (for example, health, housing, education, children’s services, police, early years providers). The information is held securely on a case management system to ensure your family receive the best support services available.

All information collected and shared will be done to provide you and your family with services that support and help your family.

We will treat information as confidential and we will not sell or rent your information to third parties. We will not share your information with third parties for marketing purposes.

Full details about how the Council will use your information can be found on our website at: [www.shropshire.gov.uk/privacy](http://www.shropshire.gov.uk/privacy) and the Supporting Families Privacy notice can be found on the Early Help Website [supporting-families-privacy-notice.pdf](https://next.shropshire.gov.uk/media/ag2juhqr/supporting-families-privacy-notice.pdf)



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| **Name (First name/family name)** | |  |  |  |  |  |  |
| Date of birth | |  |  |  |  |  |  |
| Gender | |  |  |  |  |  |  |
| Ethnicity | |  |  |  |  |  |  |
| Additional needs and or disabilities | |  |  |  |  |  |  |
| First language spoken | |  |  |  |  |  |  |
| NHS Number | |  |  |  |  |  |  |
| National Insurance number | |  |  |  |  |  |  |
| Signature | |  |  |  |  |  |  |
| Date | |  |  |  |  |  |  |
| **Name (First name/family name)**  **Column name relationship to row name** |  |  |  |  |  |  |  |
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**Professional’s confirmation**

* I confirm I have read to the parent/carer / young person “How do we collect information from you and for what purpose?” and that the agreement below has been signed.
* I have detailed below any persons or agencies that this information should NOT be shared with, without prior permission of the parent/carer/young person named below.
* I have explained the exceptional circumstances where it may not be possible to abide by such a request and that not sharing information could delay/ stop the process of Early Help support for the family.

**Family agreement to accessing Early Help and Information Sharing**

* I agree to accessing help and support from Early Help Services, which may include an **Early Help Assessment, creation of a whole Family Action Plan and all subsequent meetings/ reviews/updates. Information about my family can be shared with other Early Help agency/ professionals to help things to improve** for me or my child(ren) and family, except those specified in the box below.
* I am aware that my family’s personal information will be recorded and stored securely within the Case Management System – Liquid Logic. It has been explained how the sharing of my information will be used and I know where to access the Privacy Notice for further information. [supporting-families-privacy-notice.pdf](https://next.shropshire.gov.uk/media/ag2juhqr/supporting-families-privacy-notice.pdf)
* I understand the exceptional circumstances under which it may be shared without my prior knowledge.
* I understand that this information may also be shared for the purposes of quality assurance and service improvement with a group operating within an agreed data sharing agreement.
* I am aware that I can withdraw my agreement to the Early Help Process at any time, in writing to the Lead Professional.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Person or Agency not to share information with;** | | |  | | | |
| **Parent/Carer Signature** |  | **Name** | |  | **Date** |  |
| **Professional Name** |  | **Organisation** | |  | **Date** |  |
| **Professionals Signature** |  | **Job Title** | |  | | |
| **Professionals contact details** | **Phone Number** | | | **E-mail address** | | |

**Please complete all sections of the form, using the Family Agreement Guidance. If an external partner please send to** [**SupportingFamiliesTeam@shropshire.gov.uk**](mailto:SupportingFamiliesTeam@shropshire.gov.uk) **using an encrypted email.**