

Emotional Wellbeing and Mental Health (EWMH) - Consent Notice

By agreeing to work with us you are also consenting to support from partners (listed below) in our network who may be best placed to meet your needs. The information collected in this form will help us understand what help you may need. As mentioned above, if we cannot cover all of your needs we may need to share some of this information with the other organisations, so that they can help us to provide the services you need. This may mean that a confidential record will be kept by the relevant agency.

- We will treat your information as confidential and we will not share it with any other organisation unless it is necessary or required by law or unless you or any other person will come to some harm if we do not share it.
- We will only ever share the minimum information we need to share. Anonymised data from your record may also be used to help us monitor and improve services in the future.
- Once we collect your information, it may be used by other council departments where necessary to provide you with the services you have requested and where it is believed necessary to provide you with a complete service in compliance with all relevant data protection legislation. More details on how we may use your information can be found in our [Privacy Notice](#).

Note: If there is evidence or reasonable cause to believe a child/young person is suffering, or at risk of suffering significant harm, practitioners have a legal responsibility to inform Children's Social Care. In most cases, they will discuss this with you first.

I understand that information that is relevant to my child's/my needs will be recorded and securely stored as a paper or electronic file.

I have had the reasons for information sharing and information storage explained to me and I understand those reasons.

I agree that this assessment can be shared with the organisations listed below in order to help provide and co-ordinate support to my family – if new organisations were needed in the future I will be asked for consent again. **(Please circle yes or no to indicate which organisations you consent to)**

| | | |
|-----------------------------------------|-----|----|
| Voluntary Organisations | Yes | No |
| South London and Maudsley (CAMHS & CWP) | Yes | No |
| Croydon Drop in | Yes | No |
| Off The Record | Yes | No |
| Children Services | Yes | No |
| Education / School Nurse | Yes | No |
| Children's Centre | Yes | No |
| Health (including GPs) | Yes | No |
| Careers | Yes | No |
| Housing | Yes | No |
| Youth Service | Yes | No |
| Other | Yes | No |

If Yes, please specify: _____

Parent/Carer name:

Signed Parent/Carer:

Child/Young Person name (If appropriate):

Signed Child/Young Person (If appropriate):

Practitioner name:

Signed (Practitioner):

Date signed (by Parent/Carer or Child/Young person):