

# CONSENT FORM



Consent to share personal information about					
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other:
Surname			Address		
Forenames					
Date of Birth (if under 16)					
Worker responsible for acquiring consent					
Name			Position		
Organisation			Location		
Actions carried out prior to obtaining consent					
I have provided a Fair Processing Statement and explained to the person:					
<input type="checkbox"/> Why we would like their information			<input type="checkbox"/> Who we will share the information with		
<input type="checkbox"/> Who will have access to the information			<input type="checkbox"/> Their rights under the GDPR		
<input type="checkbox"/> How long the information will be kept			<input type="checkbox"/> Their right to withdraw or restrict consent		
<input type="checkbox"/> What information will be shared			<input type="checkbox"/> The complaints procedure		
<input type="checkbox"/> Why we need to share the information			<input type="checkbox"/> Who to contact for further information		
<input type="checkbox"/> Possible consequences of any restrictions or refusal of consent					
Any other actions carried out prior to obtaining consent:					
Restrictions to consent					

The following restrictions apply to these information sharing arrangements (indicate if none):

## **CONSENT FORM**



### **Declaration**

Read this form carefully. If you have any concerns, please discuss them with the person who is seeking your consent.

I confirm that I have been informed of the information sharing arrangements as detailed above and that:

☐ I consent to those arrangements, **or** ☐ I do not consent to those arrangements ☐ I understand that I have the right to withdraw or restrict my consent to these arrangements at any time.

Signature		Date	
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### **Parental consent**

If the individual is too young or otherwise incapable of giving informed consent, the consent of an appropriate person with lawful authority to act on behalf of the individual should be recorded below.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other:
Name			Relationship to individual		

I confirm that I have been informed of the information sharing arrangements in respect of the above-named individual as detailed above and that: ☐ I consent on their behalf to those arrangements, **or**

☐ I do not consent on their behalf to those arrangements

☐ I understand that I have the right to withdraw or restrict my consent to these arrangements at any time.

Signature		Date	
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### **Witness to consent (if unable to obtain written consent)**

If the individual is unable to sign but has indicated their consent by other means, an independent witness should sign below to confirm that fact.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other:
Name					

I confirm that the person named overleaf has indicated that they:

☐ consent to those arrangements, **or**

☐ do not consent to those arrangements

Signature		Date	
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