

**Consent to Share Information**

**(to be completed by young person and or parent/carer as appropriate)**

**This document will be stored separately to other documents and kept on my USB in a locked cabinet.**

**Child/Young Person's name: -----**

**Parent/Guardian/Carer name: (if appropriate) -----**

- **I have been informed about the need to share information about me so those working with me can work together.**
- **I have been given the opportunity to discuss what sharing and not sharing information will mean to me**
- **I understand that my information will be held securely in accordance with the Data Protection Act.**
- **I agree my personal information maybe shared with those involved with me**
- 

**Signature of young person: ----- Date -----**

**Signature of parent: (if appropriate) ----- Date -----**

**Safety plan:**

**I will go .....if I am feeling suicidal or self-harming**

**My triggers are.....**

**When to be concerned about me.....**

**Review each session**

**Agreed and signed young person: ----- Date --**

**Agreed and signed parents/carers/guardian: (if appropriate) .....**

**Date .....**

**Counsellor: Agreed and signed: -Sandra D Wines-----Date -----**