



# Protecting your personal information consent form



made with



# About this form



The council keeps personal information about you so we can give you the services you need.



The personal information includes things like:



- Your full name
- Your date of birth



- Things you are good at



- Things you need help with



Sometimes we might need to share your personal information with other organisations so they can provide services for you.



On this form, you can tell us if you are happy for us to share your personal information and which organisations you are happy for us to share with.



If you do not want us to share your personal information, it may have an effect on the services you can get.



The organisations we share your personal information with will only use it so they can provide services for you.



The organisations might sometimes share your personal information with each other.

# Tell us who you want us to share your personal information with



Tick a box next to each organisation to tell us if you are happy for us to share your personal

## Adult Social Care



Dorset Council



Yes, I am happy for my information to be shared



BCP Council



No, I do not want my information shared

## NHS (your doctor, community nurse, community staff and hospital staff)



Yes, I am happy for my information to be shared



No, I do not want my information shared

## Housing

(advice about housing and joining the housing register)



Yes, I am happy for my information to be shared



No, I do not want my information shared

## Environmental health

(pollution, pest control, animal health)



Yes, I am happy for my information to be shared



No, I do not want my information shared

## Housing benefits and council tax benefits

(if you need help to pay your council tax or your rent)



Yes, I am happy for my information to be shared



No, I do not want my information shared

## Department for Work and Pensions (DWP)

(welfare benefits)

**DWP**  
Department for  
Work and Pensions



Yes, I am happy for my information to be shared



No, I do not want my information shared

**Independent care organisations** (this could be a provider who comes into your home to help you with personal care, to stay independent or help you to get out and about)

Tell us which ones:



Yes, I am happy for my information to be shared



No, I do not want my information shared

**Independent advocacy, support planning and advice service** (organisations who can help you to speak up, plan your support and give advice)



Yes, I am happy for my information to be shared



No, I do not want my information shared

**Other** (such as your family or partner)

Tell us who:



Yes, I am happy for my information to be shared



No, I do not want my information shared

**Housing association** (an organisation that rents houses to people who have extra needs or not much money)

Tell us which one:



Yes, I am happy for my information to be shared



No, I do not want my information shared

**Voluntary organisation** (organisations who support you in the community)

Tell us which one:



Yes, I am happy for my information to be shared



No, I do not want my information shared

**Police**



Yes, I am happy for my information to be shared



No, I do not want my information shared

# Dorset and Wiltshire Fire and Rescue

(safety in your home)



DORSET & WILTSHIRE  
FIRE AND RESCUE



Yes, I am happy for my information to be shared



No, I do not want my information shared

## Your agreement



I understand that personal information about me given on my supported assessment dated \_\_\_\_\_, and any care and support that comes from it, may need to be shared with other organisations.



These organisations will hold both paper and electronic records.



Your name:



Your signature:



Date:

# If the person is not able to sign or lacks capacity to consent:

I confirm that \_\_\_\_\_  
(name of person) is unable to sign but has (tick as appropriate):

- Indicated consent
- Lacks capacity to make this decision and it is in their best interests to share the information

Practitioner name:

Designation:

Signed:

Date:

Telephone number:

Others consulted (carers, family, other):