

**CONSENT TO SHARE INFORMATION FORM**

**CONSENT TO OBTAIN/SHARE INFORMATION**

*(Pursuant to a function under the Children and Young People Act 2008)*

I ..... *[name of person]*, I authorise a member of staff from the Office for Children, Youth and Family Support *[identify the specific area - CPS/YJ/YOUTH/ATSI/SSD/C&FC]* to request/share *[delete if not required]* information pertaining to their involvement with me/or my child/young person *[delete if not required]* with the following agencies/people:

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.....  
.....  
.....  
.....  
.....  
.....

The request/sharing of information is for a function performed related to the *Children and Young People Act 2008*. The information shared/requested is subject to the secrecy provisions of the *Children and Young People Act 2008*. I understand that the information obtained may also need to be shared with others without my agreement if it is in the best interests and related to the safety and well being of

.....*[name of child/young person]*.

.....  
Signature  
/ /

.....  
*[Please print name]*

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I ..... *[name of staff member]* have advised .....  
*[name of person above]* the reasons why the information is required, the ways the information may be used and the basis upon which the information may be shared with others under the *Children and Young People Act 2008*.

.....  
Signature  
/ /

.....  
*[Please print name]*

A copy of this document should be provided to the person providing the consent.