

Practice Tool 3.2 Multi-agency case management client consent form for information sharing

Client consent form for information sharing

Family and domestic violence multi-agency case management

Client Details	
Name	
Address	
Agency seeking consent	

We ask you for information about yourself so that we can make sure that we offer you the services, protection or support that you may need in order to monitor and manage your safety.

To make sure it is the most appropriate and effective service for you, it may mean sharing this information or obtaining information about you.

We will use your information to help us manage and/or plan services that will help to keep you and/or your children safe. This will be in the form of a *multi-agency safety plan*, the development of which will involve you.

Declaration

I agree that information about me and my dependants may be used for the purposes described above.

Signed	
Date	