

I AGREE that my Personal Adviser can share additional personal and sensitive information about me with another person or agency so that I will receive further help and support.

I HAVE DISCUSSED this with my Personal Adviser who has explained why my information is going to be shared.

My Name:

My Address:

My Telephone Number:

My Email Address:

My Personal Adviser is:

My Signature:

Date:

To be completed by the Connexions Personal Adviser

Information will be shared with (please state):

Name of organisation:

Address & telephone number:

1.

2.

3.

Personal Adviser's Signature:

Date:



This information is available in alternative formats, please call 020 7938 8080.

If you have any comments on this form, email: info@centrallondonconnexions.org.uk.

Information & Confidentiality

Young Person's Consent Form