

Basic attendance information for children under 12

I AGREE that the registration of my child can be shared with another agency so that services to support children can be well managed.

Parent/Carer's Signature:

Date:

Additional personal information young people aged 12 and over

I AGREE that my youth support worker/Personal Adviser (PA) 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 support worker/PA who has explained why my information is going to be shared.

Young Person's Name:

Young Person's Address:

Young Person's Telephone Number:

Young Person's Email Address:

Young Person's Youth Support Worker/PA is:

Young Person's Signature:

Date:

To be completed by the Youth Support Worker/PA

Additional personal information will be shared with (please state):

Name of organisation:

Address & telephone number:

1.

2.

3.

Youth Support Worker's/PAs 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