EHC – Plan Needs Assessment Information Sharing Consent Form

Young Person request for an Education, Health and Care Plan (EHCP)
(Revised August 2024)

Why do we need to collect information about you?

In order to be able to provide the right kind of services for you and your family we have to find out first what your needs are. To do this we need to collect some information about you and your family, including some personal details such as your name, date of birth and address.

What will we do with the information you provide?

The information you agree to provide for us may be written down and kept in a file or entered and stored on a computer securely and confidentially so that we comply with the Data Protection Act 2018.

Who will be able to see my information?

Access to your information will only be given to individuals/organisations who are working with you and your family and who have reason to see it, this is so the services provided to you can be well coordinated and meet your needs.

How will you record my wishes, about sharing my personal information?

We will use this form, which will be kept with your records. If we receive a request to share information, an authorised member of staff will check the details on this form before any information is released.

Could the information be shared without my permission?

Yes, this information may be shared if the safety of your child/children, family or any other person is at risk.

What if I'm a child or young person, who says whether my information can be shared?

Normally anybody 12 years old or above and who has mental capacity will be presumed to be mature enough to comment on whether to share their information. For a person under 12 years of age or a person over the age of 12 who lacks mental capacity, someone with parental responsibility, in consultation with professionals, may discuss sharing information.

What are my rights?

Your information is protected by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). This means that the information provided will only be used for the reasons we have stated.

It will be kept safe and secure and you have the right to see what information is being kept about you.

I [_____] **(Name of young person)** consent to the Council gathering and sharing information in order to complete the EHC Plan Needs Assessment and subsequent Annual Reviews to ensure well co-ordinated services are provided which best meet my needs.

Signed (Parent:

Print Name: [_____]

Date: [_____]

I have read the information overleaf and understand its content.

I agree to the information collected being shared with other professionals in relevant organisations and agencies, in order for me to receive the best possible service, but on the basis that this will be done confidentially and in line with any limitations I've listed below.

I understand that I can withdraw my consent to the sharing of my personal information at any time and agree to inform the relevant professional if I wish to do so. However, I am aware that if consent is withdrawn, provision of services may not be possible.

I understand that information may need to be shared without my permission if my safety or that of my family or any other person is at risk or if the information is needed to help stop or solve a crime.

I understand that any information about me and my family will be held securely by Gateshead Council, whether in electronic format or on paper and that my personal information is protected by the Data Protection Act 2018 and the General Data Protection Regulation. It will not be held for any longer than necessary.

I agree that this information can be gathered and shared for the reasons stated above.

Name of young person:

Signature: **Date:**

If this has been completed on behalf of the young person:

Name of person completing the form:

Relationship to the young person:

Signature: **Date:**

Is there any information you prefer not to be shared or any person or organisation you would not want your information shared with?