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**CONSENT TO SHARING OF INFORMATION**

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| **Name:** |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |  |
| **Address:** |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |  |
| **D.O.B:** |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |  |
| **NI NO:** |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**I consent to my information being shared with the following agencies in order to promote my health and well-being and keep me safe.**

**You have the right to withdraw your consent in whole or in part, at any time. If you wish to withdraw consent please contact your Social Worker/Community Care Assistant.**

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| We will share information with the following relatives, carers, friends: Name: Relationship: Name: Relationship: Name: Relationship:  |
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| Department for Work and Pensions (to give consent to South Ayrshire Council Health and Social Care Partnership to liaise with the Department for Work and Pensions on your behalf) |

Scottish Fire & Rescue Service

(To carry out fire safety checks at your property)

Signature:

Date:

If consent is not being signed by the patient / service user, please state your relationship and authority for signing consent)

Name: Relationship:

Legal Authority: Date: