Rutland County Council
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Rutland
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Consent to Information Sharing

I give consent for the Adult Social Care Team to share my personal details and assessments with the relevant and appropriate Health and Social Care agencies.

Name:	
Date of Birth:	
ID Number:	
Address:	
Name of Nominee:	
Contact Number:	
Address:	
Relationship:	

To be my designated contact/ representative.

Please do not share my information with the following family members:

1.

2.

3.

4.

Client Name Print: …… Signature:…… …Date:……..

Representative Name if applicable: …….. Signature:……Date:……..

Social Worker Print: …… Signature:……Date:……