

CONSENT FORM

Form to indicate consent to share personal and confidential information

Project, programme or reference:			
1. Your details			
Your surname:			
Your forenames:			
Prison Number:			
2. Your personal information that we would like to share			
3. The people or organisation that we want to share this information with (please indicate if you do not want us to share with any of those listed)			
4. The purpose or reason why we want to share it			
5. Declaration			
I give you permission to share my personal information as described in section 2, with the people indicated in section 3 and for the purpose described in section 4.			
I understand that I may withdraw my consent at any time.			
Signed		Date	
6. To be signed by the person requesting consent			
Signed		Date	