# Just Support Consent Form

Name: _____

Date of Birth _____

Address: _____

_____ Post Code: _____

Contact Number: _____

Email: _____

Preferred Method of Contact: _____

Can we contact you regarding our services and updates?  ___ Y / N ___

Child(rens) Name(s): _____

Date of Birth or expected DOB: _____

Emergency Information

Emergency Contact Name: _____

Emergency Contact Number: _____

GP Name and Contact
Number: _____

Other important Information: _____
(Allergies, medication etc.)

_____

**GDPR and Safeguarding:** Just Family CIC, is committed to processing data in accordance with its responsibilities under the GDPR.

However, Just Family CIC have a duty of care and therefore relevant **personal information can** and will be **shared** lawfully if it is to keep a child/young person or individual at risk safe from neglect or physical, emotional, or mental harm, or if it is protecting their physical, mental, or emotional well-being.

**Partnership Working**: As part of our Just Support service, Just Family CIC will work with other organisations and the Local Authority (LA) to ensure that you are being fully supported. Do you consent for Just Family CIC to share your information with relevant organisations?  Yes / No (Please Circle)

Monitoring and Evaluating: Just Family CIC will store your data on our online system as part of our monitoring and evaluation processes. Do you consent to Just Family CIC to store your information as part of our monitoring and evaluation processes? Yes / No (Please Circle)

We are committed to providing a safe place for you and your child/children, providing a small, friendly, non-judgmental nurturing environment where you can access or be signposted to the support that you need.
- anything discussed with your Family Support Coordinator remains confidential (Unless Safeguarding)
-All staff and volunteers have first aid training/awareness of first aid procedures
- all staff, volunteers and parent ambassadors are trained level 2/3 Safeguarding or equivalent and have enhanced DBS checks.

**PARENT/CARER who completed form:**

**Signature: ……………………………………………..**


**Print Name: ……………………………………………..          Date: …………………………………**