|  |  |  |
| --- | --- | --- |
| cid:FA1223A4-ABD6-41DE-8A35-DD1D256511C3 |  | MacServer:• STUDIO PROJECTS:Services for children and families:20171582 NSPCC and Morgan Stanley Lock Up Logo:Design:Working:Stage 2:NHS Child House Service positioning:NHS Service logo_Child House:NHS Service Logo_Child House_CMYK_02.eps |
| **Agreement to share the lighthouse notes**  |
| **Crime Ref No:** | **Child House ID:** |

|  |  |
| --- | --- |
| **Name of Child / Young person:** | **Name of Professional requesting notes:** |
| Print: | Print: |
| Date of Birth:  | Select Date | Role: |  |
| Organisation: |  |

This form records your consent for the lighthouse to share a copy of your notes in one or more of the following circumstances:

* For use by the Police to assist in the investigation of a criminal offence & for purposes of Disclosure under the Criminal Procedure Investigations Act (CPIA) 1996
* For use by the Crown Prosecution Service (CPS) in support of criminal proceedings
* For use by Social Care in Family Court proceedings
* For use by the Criminal Injuries Compensation Authority (CICA) if you have made a claim

|  |  |
| --- | --- |
| **Section A** | **Providing permission for the lighthouse to share your notes** |

I give my permission for the Professional named above to view my notes and obtain copies if required:

|  |  |
| --- | --- |
| Print Name: | Date of Birth:  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Notes** | **Select** | **Dates requested**  | **Description of Notes requested** | **Yes** | **No** | **N/A** |
| Advocacy  | **[ ]**  | From | Notes written by an Advocate at the lighthouse | **[ ]**  | **[ ]**  | **[ ]**  |
| To |
| Medical  | **[ ]**  | From | Notes about your general medical care at the lighthouse | **[ ]**  | **[ ]**  | **[ ]**  |
| To |
| Social Care Notes | **[ ]**  | From | Notes written by a Social Care Liaison Officer at the lighthouse | **[ ]**  | **[ ]**  | **[ ]**  |
| To |
| CAMHS Notes | **[ ]**  | From | Notes written by a Child & Adolescent Mental Health Service practitioner at the lighthouse | **[ ]**  | **[ ]**  | **[ ]**  |
| To |
| VRI | **[ ]**  | From | Notes relating to the preparation of your Video Recorded Interview (VRI) | **[ ]**  | **[ ]**  | **[ ]**  |
| To |
| Sexual Health  | **[ ]**  | From | Notes written by the lighthouse Sexual Health Nurse about your sexual health | **[ ]**  | **[ ]**  | **[ ]**  |
| To |
| Therapy | **[ ]**  | From | Notes written by a Therapeutic Practitioner at the lighthouse | **[ ]**  | **[ ]**  | **[ ]**  |
| To |

|  |  |  |
| --- | --- | --- |
| cid:FA1223A4-ABD6-41DE-8A35-DD1D256511C3 |  | MacServer:• STUDIO PROJECTS:Services for children and families:20171582 NSPCC and Morgan Stanley Lock Up Logo:Design:Working:Stage 2:NHS Child House Service positioning:NHS Service logo_Child House:NHS Service Logo_Child House_CMYK_02.eps |
|  |  |  |
| **Section B** | **Complete this section \**ONCE\** Section A has been filled in** **Complete this section \**AT THE TIME OF REQUESTING\** the lighthouse notes**  |

Please select one of the following choices:

|  |  |
| --- | --- |
| *A)* I confirm that I have read this form [ ]   | *B)* I confirm I have had this form read to me [ ]  by: |
| Print name:  |
| Role: |
| I have had the opportunity to ask ANY questions about any part of this form that I do not understand | [ ]  Yes[ ]  No |

|  |  |
| --- | --- |
| Child / Young Person’s signature: |  |
| Print: |  |
| Date of birth: |  | Date signed: |  |

|  |  |
| --- | --- |
| Parent/Carer/Guardian signature: |  |
| Print: |  |
| Date of birth: |  | Date signed: |  |

|  |  |
| --- | --- |
| Any other Witness signature: |  |
| Print: |  |
| Role of Witness: |  |
| Date of birth: |  | Date signed: |  |

\*Note for Professional completing request – Both asterisked Section B requirements must be adhered to\*

**the lighthouse services are provided by:**

