**CONSENT TO SHARE INFORMATION IN RESPECT OF COUPLES COUNSELLING SUPPORT FOR ADOPTERS AND SPECIAL GUARDIANS**

In order to offer couples a structured therapeutic programme of support delivered by an experienced therapeutic team we will need to share your personal data with Barnardo’s in order for you to access support from them.

You do not have to take part in this membership service.

If you do wish to take part, please tick the box below as we need your opt-in consent so we can process this information and provide this service to you. Processing includes collecting, preparing, inputting, interpreting, sharing and storing of your personal data.

If you decide you no longer wish to take part in the Couples Counselling Support, then you can withdraw your consent at any time by contacting Barnardo’s. \*\*

We will not use any personal data we collect for Couples Counselling Support for any other purpose and will not share your personal data with anyone else who is not involved in the service.

We must seek your explicit consent to process your personal data to provide the service.

The personal data that we would like to collect includes:

* Adopter/SGOs contact details:

Telephone number

Email address

Postal address

* Details of the family:

Name, DOB, gender of child/ren

* Names of parent(s)/carer(s)
* How long since the child(ren) were placed
* Placing LA
* Date of adoption order (unless SGO) if over 3 years from Adoption Order
* LA in which you live
* Other children in the family – ages and details

**Background information relating to request for support:**

* Presenting issues within the relationship, history of relationship and current difficulties (including issues within the family unit and any difficulties with the children)
* How long has this been a concern and how has Covid-19 affected you?
* Any significant events/changes (including any incidents of domestic abuse/involvement and support by outside agencies (ie GP, previous counselling, Relate, Social Services))
* Name of School attended
* Extra support/any presenting issues at school
* Has there been any therapeutic support in the past form another agency e.g. CAMHs?
* Are any other professionals involved to support now? E.g. school counsellor/speech and language etc

(If yes, please give contact details of professionals involved and do you give us permission to contact them?)

* Who else supports the couple/family/child – family/friends?

**Additional information:**

* Engagement with child protection since placement/SGO
* Any current or past risks identified by referring authority
* Any relevant behavioural/criminal concerns or issues
* Any safeguarding information or information about a known perpetrator connected to the family/child
* Any other relevant information about the following areas:

Employment/education information

Relevant health information

Criminal status

Disability status

Your full rights are set out in the Trust’s privacy notice, along with details of the Trust’s Data Protection Officer. You can view the full privacy notice at <https://www.birminghamchildrenstrust.co.uk/privacy> or you can request a hard copy by writing to:

Birmingham Children’s Trust

Information Assurance Team,

PO Box 17363,

B2 2EL

Telephone 0121 569 2200.

The Trust’s Data Protection Officer can be contacted as follows:

Email:  DPO@birminghamchildrenstrust.co.uk

I, [insert name]……………………………………………………… of [insert address]………………………………………………………………………………………………………………………………………………………………………………………………………

 **I consent** to the Trust processing my personal data to provide Couples Counselling Support to me.

I understand that participating in membership services is optional, and I understand that if I wish to withdraw my consent, I can do so at any time by contacting Barnardo’s

Date:

Name (capitals):

Or

Authorised to record consent on behalf of Special Guardian due to Covid-19

 **I confirm** that I have read the contents of this consent form to the Client / Adopter / Special Guardian and they have provided **consent to me** for the Trust to process their personal data to provide the Couples Counselling Support to them.

The Client / Adopter / Special Guardian understands that participating in membership services is optional, and also understands that if they wish to withdraw their consent, they can do so at any time by contacting Barnardo’s.

Name of Client / Adopter / Special Guardian:

Eclipse ID:

Date of Consent (also state whether this is via Telephone, Visit, Email and so on):

Name of Trust Professional (capitals):

Job Title

Address Email: