















Dudley Early Help Assessment

APPENDIX B - Consent Form

 <p>My Name:</p>	
 <p>My Date of Birth:</p>	
<p>I understand what an Early Help Assessment is and how this could help me and my family.</p>	  <input data-bbox="1093 929 1165 996" type="checkbox"/> <input data-bbox="1197 929 1268 996" type="checkbox"/> <p>Yes No</p>
<p>I understand why information about me could be shared with other people who could help me and my family.</p>	  <input data-bbox="1093 1149 1165 1216" type="checkbox"/> <input data-bbox="1197 1149 1268 1216" type="checkbox"/> <p>Yes No</p>
<p>I have been told about the different types of people who my information might be shared with.</p>	  <input data-bbox="1093 1344 1165 1411" type="checkbox"/> <input data-bbox="1197 1344 1268 1411" type="checkbox"/> <p>Yes No</p>
<p>I understand that I can change my mind at any time and ask that information about me is not shared.</p>	  <input data-bbox="1093 1536 1165 1603" type="checkbox"/> <input data-bbox="1197 1536 1268 1603" type="checkbox"/> <p>Yes No</p>
<p>I am happy for information about me to be shared with people who could help me and my family.</p>  	  <input data-bbox="1093 1776 1165 1843" type="checkbox"/> <input data-bbox="1197 1776 1268 1843" type="checkbox"/> <p>Yes No</p>

A consent form should be completed for each child/young person in the family under the age of 14 wherever possible, and submitted with the completed Early Help Assessment