Information sharing without consent form

|  |  |  |  |
| --- | --- | --- | --- |
| **Victim name** |  | **Victim DOB** |  |
| **Address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Children** | **DOB** | **Address**  | **School****(If known)** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Who is at risk?*****(eg children, client, family, others)*** | **Who are they at risk from? *(eg partner, ex-partner, family, self)*** | **What are the concerns around this risk?** | **What are the immediate risks to this victim?** | **Risk Identified through risk assessment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Risk Identification Checklist (if it has been possible to complete a SafeLives DASH RIC, attach it here)** |  / number of ticks out of 24 |
| **Details of incident / information causing concern (include source of information)** |  |

Legal authority to share

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol relevant** | Y / N | **If yes, please detail**  |  |

**Or:**

|  |  |
| --- | --- |
| **Legal grounds (if yes, please tick one or more grounds below)** | Y / N |
| **Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, sch 29)** | ☐ |
| **To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 & 3)** | ☐ |
| **For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 & 3)** | ☐ |
| **For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3)** | ☐ |
| **In accordance with a court order** | ☐ |
| **Overriding public interest (common law)** | ☐ |
| **Child protection – disclosure to social services or police for the exercise of functions under the children act, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential (DPA, sch 2 & 3)** | ☐ |
| **Right to life (Human Rights Act, art. 2 & 3)** | ☐ |
| **Right to be free from torture, of inhuman or degrading treatment (Human Rights Act, art. 2 & 3)** | ☐ |

Balancing considerations

|  |  |  |  |
| --- | --- | --- | --- |
| **Pressing need** | ☐ | **Risk of not disclosing** | ☐ |
| **Respective risks to those affected** | ☐ | **Interest of other agency / person in receiving it** | ☐ |
| **Public interest of disclosure** | ☐ | **Human rights** | ☐ |
| **Duty of confidentiality** | ☐ | **Other**  | ☐ |
| **Comments** |  |
| **Internal consultations** ***(Names / Dates / Advice / Decisions)*** |  |
| **External consultations** ***(Home Office, Information Sharing Helpline)*** |  |

Client notification

|  |  |  |  |
| --- | --- | --- | --- |
| **Client notified**  | Y / N | **Date notified** |  |
| **If not, why not?** |  |

Review

|  |  |
| --- | --- |
| **Date for review of situation (review to include feedback from the agencies informed as to their response)** |  |
| **Name of person responsible for ensuring the situation is reviewed by this date** |  |

Record the following in the case file

|  |  |
| --- | --- |
| **Date information shared** |  |
| **Agency & named person informed** |  |
| **Method of contact** |  |
| **Legal authority for each agency** |  |
| **Signature of caseworker** |  |
| **Date (as signed by caseworker)** |  |
| **Signature of manager** |  |
| **Date (as signed by manager)** |  |