

**Community Adult Support Panel (CASP)**

**Consent Form**

I give consent for liaison with the agencies involved with CASP so that they can work together and share information. I understand that the purpose of CASP is to develop a coordinated approach to reduce risks and achieve the best possible outcome(s) for me. Information to be shared may include relevant medical records or other information relating my health and personal circumstances.

I have had the opportunity to discuss the implications of sharing or not sharing information about me for this purpose.

Signed…………………………………………………. Dated………………….

I understand that I may withdraw my consent at any time, but that this may affect the support I receive. If you do consent, but then wish to withdraw your consent later, you can do so by contacting CASP@gov.je

I give consent for CASP to liaise with the agencies listed as indicated by my signature below, to discuss the support I am receiving from them.

I understand that giving this consent is for the sole purpose of accessing the support I may need via CASP.

**Name** …………………………………………………………………………………………………………..

**DoB:** ………/………/……...

**JY Number:** ………………………… (Social Security number)

**URN:** ..............................................

**Address:** ………………………………………………………………………………………………………

.…………………………………………………………………………………………………………….………………………………………………………………………………………………………………………..

**Email:** ………………………………………………………………………………………………………….

**Telephone:** Landline ……………………………… Mobile ……………………………………………..

**I consent that personal information about me may be shared and gathered from the following agencies:**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency / Service / Company  | Department  | Contact Name | Initialled by Client |
| Employer |  |  |  |
| Health & Social Services | Hospital |  |  |
|  | Adult Services  |  |  |
|  | Mental Health |  |  |
|  | Psychology |  |  |
|  | Alcohol & Drugs |  |  |
|  | Children’s Services  |  |  |
| Partner/Significant family member(s) |  |  |  |
| Social Security |  |  |  |
| Housing Provider |  |  |  |
| GP/Consultant  |  |  |  |
| Parish |  |  |  |
| Police  |  |  |  |
| Family Nursing and Home Care |  |  |  |
| Probation (JPACS & JFCAS) |  |  |  |
| Victim Services |  |  |  |
| Other (please state) |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Privacy Statement:** In accordance with the Data Protection (Jersey) Law 2018 the controller is registered with the Office of the Information Commission and the registration number is 17756. The relevant information we will receive through your consent will only be used by us to assist you in accessing the appropriate support you may need. The information will be stored on a secure database and may include personal, special category (sensitive) information. We will not share the information about you to anyone outside of CASP unless the law allows us to, or failing that we will seek your consent. For more information, please see the Government of Jersey’s Privacy Statement on [www.gov.je](http://www.gov.je).