

Information Sharing Consent Form

Client name:	Date of Birth:
Address: (If n/a then JCP Branch address below is used)	
Postcode:	
Telephone:	Email:
NI Number:	Gender:
Date client post starts:	Date client post ends:

Any details you give us will only be seen by the DWP research team and will only be used for research into this scheme. When the DWP write the research report no individual person or household will be identified. The DWP will comply with the Data Protection Act 1998. It will store your information in a secure place and destroy the records after they are no longer required for their research purposes, but will keep your details for no more than two years. Any transfer of information will be by secure means.

The information we will share with the DWP is your name; date of birth; national insurance number; postcode and gender.

If you wish to volunteer to take part please sign below. If you would like to know more information, you can talk to your Volunteer Project Manager (VPM) at Step Together Volunteering. You are free to stop taking part at any time. Whether you use this scheme or not will not affect any of the benefits you may be entitled to. You must sign this form in the presence of ei-

Client Signature:	Date:
Parent / Guardian Signature: (If you are under 18)	Date:
VPM/Referrer Name:	Date:
JCP Branch (If homeless only):	
Probation Officer Contact Name:	
Telephone:	Email: