Information sharing without consent form

Victim name and DOB	
Victim address	

Children	DOB	Address	School (if known)

Who is at Risk? *(e.g. Children, client, family, others)*	Who are they at risk from? *(e.g. 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)	

Ending domestic abuse

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 (please tick)

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 information-sharing in 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)	