

RESTRICTED WHEN COMPLETED

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 CAADA-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 and detection of crime			
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			

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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	

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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)	