**Information sharing agreement for sharing confidential  
information related to sexual behaviour**

**Type your information into the template.**

Use this form for a child or young person’s parent or guardian to consent to the release of their child’s personal information held by the education and care service to another person, agency or service. Consent may be withdrawn at any time by advising the education and care service in writing. If there are multiple persons from whom consent is required, the details and signatures of each person must be written on this form, or additional forms can be completed.

All parents or guardians who have legal authority for the child or young person and who have an active role in the child or young person’s life must give consent. For children and young people under the Guardianship or in the custody of the Chief Executive DCP, consent must be given by the DCP case worker. Good practice includes involving the child or young person in decisions that affect them and making decisions informed by their views.

See the ‘sexual behaviour in children and young people guideline’ for further details about information sharing.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Details of person providing consent – parent or guardian 1** | | | | | | |
| **Name:** | | | |  | | |
| **Date of birth:** | | | |  | | |
| **Address:** | | | |  | | |
| **Phone:** | | | |  | | |
| **Email:** | | | |  | | |
| **Are you the parent or guardian** | | | | Yes  No | | |
| **Details of person providing consent – parent or guardian 2** | | | | | | |
| **Name:** | | |  | | | |
| **Date of birth:** | | |  | | | |
| **Address:** | | |  | | | |
| **Phone:** | | |  | | | |
| **Email:** | | |  | | | |
| **Are you the parent or guardian** | | | Yes  No | | | |
| **Child/young person’s details** | | | | | | |
| **Name:** | |  | | | | |
| **Date of birth:** | |  | | | | |
| **Information sharing details** | | | | | | |
| **Details of what information will be shared** such as disability and additional needs, sexual behaviour, safety and support plan, interventions and supports. | | | | | | |
|  | | | | | | |
| **Details of the reason for information sharing** such as to help other parents and carers to understand that sexual behaviour is related to disability and additional needs rather than being motivated by sexual gratification, to assist in the provision of services and supports. | | | | | | |
|  | | | | | | |
| **Signature parent or guardian 1:** |  | | | | **Date:** |  |
| **Signature parent or guardian 2:** |  | | | | **Date:** |  |
| **Signature site leader:** |  | | | | **Date:** |  |

This information sharing agreement is valid for 6 months from the date signed, unless consent is withdrawn in writing before the end of the 6-month period.