**Consent to process/store information**

**Name of Staff:**

**Address:**

**Date of Birth**

I hereby authorise Achievers Care Solutions Limited address below to disclose to the other agencies. both statutory and voluntary, any information that the agency considers necessary to assist Achievers Care Solutions Limited to support me in relation to all aspects of my employment and other aspect relating to my employment, education and training.

This information may include sensitive personal data, data which has been established from third parties as part of an investigation and may also include opinion.

The implications of the above have been explained to me and I give my consent on the understanding that all disclosures of my information will be governed by the principles and provisions of the Data Protection Act 1998 and in accordance with Data Sharing Protocols and Agreements negotiated under that, and other, legislation.

I understand that there may be circumstances in which other agencies will be authorised in law to have access to records and that the agencies will comply with legal requests accordingly.

I confirm that I have been provided with a notice about how my information will be used (attach a copy of the Fair Processing Notice/Privacy Notice).

**To be completed by the data subject** (where they have the capacity to consent)**:**

Name: …………………………………………………………………………..

Signed: …………………………………………………………………………..

Date: …………………………………………………………………………..

**In the presence of Achievers Care Solutions Limited representative/Staff:**

Name:

Signed: …………………………………………………………………………..

Date: …………………………………………………………………………..

Agency: …………………………………………………………………………..

Note: Where consent has been refused or withdrawn the consequences of doing so should be explained to the data subject and the form must be marked ‘Consent Withheld/Consent Withdrawn’ and signed to that effect by the data subject.