Catholic Social Services Dunedin

Consent Form

 I authorise the sharing of information to my social worker

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of worker) from Catholic Social Services.

This consent is only for information relevant to my involvement in their service and is to assist them in their assessment and support to me and will cease when their engagement with me has closed.

I can with draw this consent at any time

This consent covers information from the following people and or agencies

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 DATE Signed

 Name