**Tower Hamlets’ Prostitution Partnership Meetings**

**Information Sharing Consent Form**

This consent form must be completed with the client (where possible) and the referring agency and sent to Beyond the Streets, accompanying a THPP referral form. It provides essential information needed to refer an individual to the THPP meeting where they consent to have their case discussed. This form must be marked CONFIDENTIAL and sent securely to [thpp@beyondthestreets.org.uk](mailto:thpp@beyondthestreets.org.uk) together with the referral form.

**CONSENT FOR REFERRAL TO THE TOWER HAMLETS’ PROSTITUTION PARTNERSHIP MEETINGS**

**Name:………………………………………………………………………………………………………..**

I agree to the details of my case being discussed at the Tower Hamlets’ Prostitution Partnership (THPP) Meeting.

I understand that the purpose of the Meeting is to consider and recommend ways in which local services can provide me with effective support and protection.

I have been given a copy of the information sheet explaining the THPP Meetings.

I am aware that the members of the THPP include nominated representatives from Tower Hamlets’ Council; Health services; the Police; Drugs & Alcohol services; Voluntary organisations; Probation and Housing amongst others.

I understand that all discussions of the Meeting are strictly confidential, and that no information about me (or my children) will be disclosed to any other agency outside of the THPP membership without prior discussion with me.

I am aware that if I am unhappy with any aspect of the THPP that I should raise these concerns with Beyond the Streets, contacting them through the channels detailed in the footer.

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| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |
| **Professional’s Name** |  | **Professional’s Signature** |  |
| **Organisation** |  | **Date** |  |

Please tick box if verbal consent was attained and therefore client is not able to sign.