

**Team Around the Family Meeting - Attendees List**

**Child / Family Name:**

**Date: Time:**

**Venue:**

**Data Protection Agreement**

Information shared by family members or on behalf of services represented at the Team Around the Family meeting will be accurate, relevant and disclosed only for the purposes of the meeting. This information will be based on the ‘need to know’ principle and is shared in line with the consent arrangements; and in accordance with the Integrated Working Protocol.

Assessments, action plans or any other joint information developed from this meeting will not be disclosed to anyone beyond the remit of the Team Around the Family meeting without the permission of the family and the explicit consent of the individual, unless there is a statutory requirement to do so.

**By signing below, I agree to adhere to the above information sharing statements:**

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| --- | --- | --- | --- |
| **Name** | **Role / Job title** | **Email** | **Phone Number** |
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| **Invited but not attended** | **Reason for not being able to attend** |
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