



Consent to Follow Up – Declaration

I consent to the Children and Parenting Support Service (CaPSS) contacting me four (4) weeks following my last session with the CaPSS to follow up for the provision of feedback and evaluation.

I understand that the Follow Up phone call will be made by a CaPSS practitioner other than the practitioner with whom I primarily worked with.

I understand that this information will only be used to inform continual quality improvement, for use in future service design and provision of the CaPSS.

I understand that any information and/or feedback I provide will not be held to exclude me and/or my family from seeking support from CaPSS in the future.

I understand that CaPSS may use the information for the purposes of improvement for service delivery.

I have signed this consent after:

- a) A worker of the organisation has fully explained to me the need for information about me to be collected, the nature of that information, the purposes for which it will be used and how it will be protected;
- b) I have been given the opportunity to read the organisation's Privacy Policy;
- c) I have had explained to me my rights to verify information held about me and my rights to access that information;
- d) I believe that I fully understand my rights to privacy in respect of information collected about me, and my rights of access to that information.

Client Name:

Signed:

Date:/...../.....

A copy of this statement must be given to the client and the original signed copy destroyed once scanned to the client's electronic file.