



Employee Consent form

Disability Focus work in partnership with Local authorities, government bodies and insurance providers to provide a payroll and/or financial support service to the individuals in receipt of a direct payment.

From time to time Disability Focus may receive a request to share personal information with the above organisations.

If you could please confirm below that you are in agreement to supply consent for Disability Focus to share your personal information. Please be aware that if the information needed enables an individual to get the care they need then we may share details that are specifically required to enable this to happen without consent. This may also happen if the information required relates to any form of safeguarding for an individual.

I consent/do not consent for Disability Focus to share any of my personal information supplied to them with the local authorities and government bodies should a formal request be received.

Print Name.....

Signed.....

Dated.....

Name of Employer.....

please can you indicate whether you give consent. If there is no indication this form will be void.