

NEW FUTURES NETWORK INFORMED CONSENT FORM

This form should be completed by individuals and accompanied by the New Futures Network Privacy Notice. The Privacy Notice explains the standards you can expect from the New Futures Network (NFN) and HMPPS when we request, use or hold personal information ('personal data') about you; how you can get access to a copy of your personal data; and how you can complain if you think we've done something wrong.

Your full name			
Prison/probation identification number	<i>[If including, state whether prison or probation identification number provided]</i>		
Residential address (on release)			
		Postcode	
Telephone			
Email			

Full name of probation officer			
Address of probation office			
		Postcode	
Telephone			
Email			

Do you have a CV or training record? If so, please state your preference for the document(s) you want to share.

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Please tick the option(s) you consent to sharing the information above with:

- | | |
|---|--------------------------|
| New Futures Network Regional Broker/National Sector Lead(s) | <input type="checkbox"/> |
| Prison staff involved in resettlement pathway related to employment | <input type="checkbox"/> |
| Probation staff, including probation partners such as CRCs | <input type="checkbox"/> |
| An employer that has offered you a job on release | <input type="checkbox"/> |
| Prospective employers interested in hiring you | <input type="checkbox"/> |
| An employer that you have commenced employment with | <input type="checkbox"/> |
| Training providers linked to employers | <input type="checkbox"/> |
| Charities involved in your rehabilitation | <input type="checkbox"/> |

Please sign this form to give permission for your personal details to be shared with the individuals or organisations you have ticked above.

Signature

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Date

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