

Consent Form for **Step Ahead Plus**

Please read the information below and sign this form if you consent to sharing information with Step Ahead Plus – assessment and rehabilitation service.

- I give my permission to Acquired Brain Injury Ireland (ABII) to collect information on my clinical, educational, and work history. I understand that they need to collect my information to provide me with their Step Ahead Plus Service.
- I understand that ABII will keep my information on a secure electronic database and in a paper copy that is kept safe.
- I understand that ABII will not share my information and assessment report with anyone outside of ABII without my consent.
- If I want to withdraw my consent, I will write to ABII to tell them.
- If I withdraw my consent, it will not apply to my information that has already been shared.
- My information, written and electronic, will be held only for use by the Step Ahead Plus service. If I am offered a service, my information will be kept on file. This is in line with the Data Protection Act 2003.
- ABII might use my information to help them monitor the demand for the services so they can develop the organisation.
- Data from outcome measurement may be used by ABI Ireland for audit and research purposes but the person served will not be personally identifiable in any publication.
- If I cannot sign this form myself, I can choose someone to sign it for me.

Please tick the relevant box for this statement.

I agree to Acquired Brain Injury Ireland collecting and storing my information.

YES ☐ NO ☐

Your signature

Name (Block letters):

Signature: Date:

Signature of your representative if you cannot sign this form yourself

Name (Block letters):

Signature: Date:

Your relationship to the person consenting (circle one): **Next of kin** | **Next friend** | **Parent** | **Legal guardian**

Consent to Record/Release Nominated Person Contact Details:

Name of Person Referred: _____

Date of Birth: / / (dd/mm/yyyy)

If your contact details have been included as a Nominated Person, it is necessary for us to capture your consent to hold your information and to release your information only when relevant to the individual's rehabilitation. This is necessary to provide rehabilitation and to protect the vital interests of the person served.

We will not share your information with third parties for marketing purposes or promotions. For more information please see our Privacy Policy at <https://www.abiireland.ie/privacystatement>.

I understand that I may revoke this consent at any time by writing to Acquired Brain Injury Ireland. If information has already been released based on my consent, my request to stop the consent will not apply to information already released.

I hereby give consent to Acquired Brain Injury Ireland to process my personal data in accordance with the above.

Date: / / (dd/mm/yyyy)

Signature of Nominated Representative _____

Relationship to Person Referred

(i.e. Next of Kin, Next Friend, Parent or Legal Guardian)

In line with the Data Protection Act 2018, any information (including electronic information) received by or disclosed by Acquired Brain Injury Ireland about individuals will only be held with regards to the intended purpose i.e. to assess a referred person's needs in order to identify if and how Acquired Brain Injury Ireland can meet their needs. If the person referred is offered a service, the assessment information will remain on the individual's file. Anonymised information will be used by the organisation to monitor the demand for services and to monitor the effectiveness of the service. We may also use this to inform organisational development and business priorities and to publish anonymised service outcomes.

Date for consent review: _____ (Office Use Only)