



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 Form to Release Emergency Contact Details

Please read the information below and sign this form if you consent to releasing your details as an emergency contact.

We ask for contact details of a person that we can contact in the unlikely event of an emergency. This is called an Emergency Contact. An example of an emergency would be where the person becomes ill during a session with a Step Ahead Plus staff member and we would phone the emergency contact to let them know. This is usually a family member, close friend, or trusted neighbour.

Please tick the relevant box for this statement. I agree to Acquired Brain Injury Ireland collecting and storing my information. I give my permission to Step Ahead Plus, Acquired Brain Injury Ireland (ABI Ireland) to hold my name and contact information which may be used in the event of an emergency relating to the person being referred to Step Ahead Plus.

- I understand that ABII will keep my information on a secure electronic database and in a paper copy that is kept safe.
- My information, written and electronic, will be held only for use by the Step Ahead Plus service. This is in line with the Data Protection Act 2003.
- I understand that ABII will not share my information 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.
- 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

Signature of Emergency Contact

Name of Emergency Contact (Block letters):

Signature of Emergency Contact:

Phone number of Emergency Contact:

Date:

Your relationship to the person being referred (circle one):

Next of kin | Next friend | Parent | Legal guardian.

