

INFORMATION SHARING TEMPLATE

For the Effective Handover of Background and Safety Information,
Particularly for High-Risk Individuals, When They Move Between
Providers

DETAILS OF ADULT

Last name:			
Forename(s):			
Any other names known by:		Date of birth:	
Gender:		NINo:	
Current address:			
Current landlord:			
Address request relates to?			
Social Landlord / Council request relates to:			
Details of any other person(s) known to be living with the tenant:			


OTHER DETAILS



Please only share this information where it is necessary and relevant to the case.


Ethnicity:	
Sex and Gender Reassignment:	
Health/Medical issues:	
Vulnerabilities of person:	

OTHER DETAILS	
Criminal convictions:	

SUMMARY OF CIRCUMSTANCES
<p>Provide a brief summary as to why information is being requested – the events and circumstances that led to this referral and in what context and any current safeguarding concerns.</p> <div>  <p>Please do use plain language that can be understood by those with no prior knowledge of your agency; give the meaning of any acronyms you use.</p> <p>Please do not copy and paste extensive information from your agency's records or case management systems.</p> </div>
(Enter text here)
<p>Please identify the type(s) of abuse relating to this case (more than one may apply):</p>
(Enter text here)

Additional Information Required
<p>a) Does the tenant have a community alarm installed in their current property?</p>
(Enter text here)
<p>b) Does the community alarm need to be transferred to the new property?</p>
(Enter text here)
<p>c) Have there been any previous safeguarding concerns (whether held internally to the housing provider or shared to the local authority) which are judged to be important to the new provider to help keep the person safe?</p>
(Enter text here)

d) Has the current provider taken any action(s) to make the property more secure for the tenant?
(Enter text here)
e) Any other information?
(Enter text here)

RATIONALE FOR SHARING	
Please detail the decision making process for sharing the information.  Including; relevant legislation, for example Housing Act 1996. Relevant approval process to share, where appropriate. Risks of not sharing the information.	
(Enter text here)	

AGENCIES INVOLVED
Please list any other agencies or services you know to be involved in this case. For example: social services, police, health services, fire and rescue, housing, probation services, ambulance.
(Enter text here)
Dated:
Name of Referrer:
Signed:



This information sharing template should be sent to the relevant Social Landlord / Council.