



Sharing Information Agreement

I..... give my permission for *National Brokerage Network Broker*



To contact my:



GP



Local Borough Council



Social Care Services



Department for Work and Pensions



Housing Associations.

AND:.....
.....
.....

I request you share information with *National Brokerage Network Broker*.

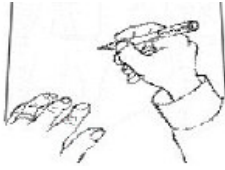
This request remains active until further notice.



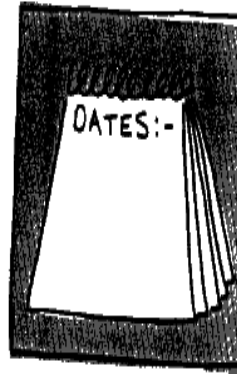
The National Brokerage Network is incorporated within the Inclusion Partnership.

Promoting Independence Choice and Control For Disabled and Disadvantaged People

Company No: 05492971



Signed:



Date:

Name / Address



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