



Sharing Information Agreement

I give my permission for the NBN Broker

to contact my **General Practitioner, Local Borough Council, Social Care Services, Department for Work and Pensions, Housing Associations and Primary Care Trusts** and any other individual or organisation listed below:

I request that you share information with the NBN Broker.

Signature

Name

Address

.....

Date

This remains active until further notice.

SignedDate.....



The National Brokerage Network is incorporated within the Inclusion Partnership.

Promoting Independence Choice and Control For Disabled and Disadvantaged People

Company No: 05492971