

**GBV Administrative Data Toolkit for the Pacific Region
Supporting Resource 2a**

This is a TEMPLATE Consent Form for release of information to an administrative database. Please **change text highlighted in yellow** to reflect your specific organization or context. You may delete this text box and replace logos as needed.



Incident ID

Client Code

CONFIDENTIAL

Consent for Release of Information

This form should be read to the client or guardian in her/his first language. It should be clearly explained to the client that she/he can choose any or none of the options listed.

I have been informed and understand that some non-identifiable information may be shared with **(Name of database or organization)** for reporting. Any information shared will not be specific to me or the incident. There will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect.

1. Authorisation to be marked by client:

(Or parent/guardian if client is under 18)

YES

NO

Caseworker code: _____

Date: _____

Client name (not to be released to other services/agencies): _____

Name of caregiver (if client is a minor): _____



**Spotlight
Initiative**



**Pacific
Community**
Communauté
du Pacifique