



Consent to Enable Ireland: Service Owner

Part 1 Services Consent

Note:

Please complete and return this form as quickly as possible. Any delay in returning this form will result in a delay with the service beginning.

Service Owner Completing Form: _____

DOB: _____

Address: _____

I (Service Owner): _____

Please indicate your consent preference below (mark with an x):				
a. Data Processing:				
1. Enable Ireland's legal bases for processing personal data includes tasks carried out in public interest/official authority vested in the controller (GDPR Article 6(1)(e) and 9(2)(h)(i.e. the provision of health or social care or treatment or the management of health) and occasionally vital interests (if applicable). We do not use consent as the legal basis to process personal or special category data when it relates to providing healthcare services. The above also applies to the referral process. Consent for data processing is not required to share necessary and appropriate data with other clinical services for the purposes of referrals. In accordance with good clinical practice staff are required to discuss with and inform service users/owners that a referral is being made and that their clinical information will be shared for that purpose. I have read and understood the above.	Yes		No	
2. I/We understand I/We can access Enable Ireland's Privacy Policy Enable Ireland to understand how Enable Ireland will process your personal data, what your data protection rights are and and contact information for Enable Ireland's Data Protection Officer.				
b. Assisted Decision Making				
3. Do you have a Decision Support arrangement in place? If you answered yes, please answer questions 4,5 and 6. If you answered no, please go straight to the next section. For information see: Welcome to the Decision Support Service website Decision Support Service				

4. What level of support is required:				
Tier 1 Decision Making Assistant				
Tier 2 Co-Decision Making Arrangement				
Tier 3 Decision Making Representative				
5. I agree to provide evidence of the Decision Support Arrangement.				
c. <u>My Consent</u>				
6. I consent to relevant assessments being carried out.	Yes		No	
7. I consent to the relevant intervention to commence, where appropriate.	Yes		No	
8. I consent for Enable Ireland to access relevant information/reports from the HSE and other relevant Service Providers, where necessary.	Yes		No	
9. I consent for Enable Ireland to access relevant information/reports, where there is a need for a referral to another service provider (e.g. Education, Social Welfare, HSE).	Yes		No	
10. I consent to the sharing of the assessment findings and reports with these service providers. <i>Note, any such referral will only be made with your permission.</i>	Yes		No	
11. I consent to Enable Ireland informing my GP of my referral to Enable Ireland.				
d. <u>Communications Consent: Research/Mailing</u>				
12. I consent to being contacted about relevant research projects that have been approved by Enable Ireland's Research Ethics & Quality Committee.	Yes		No	
13. I consent to being added to a local email mailing list (if applicable to the service) in order to receive generic service updates, newsletters, links to resources both internally on the team/externally regarding events in the community if relevant e.g. talks/webinar/courses or feedback forms.	Yes		No	
e. <u>Photography/Videography:</u>				
14. Enable Ireland Disability Services (Enable Ireland) would like to take photographs / make a video recording of your child / you. These photographic images will be used for: <ul style="list-style-type: none"> • Assessment • Record of progress • For use in home programmes • Educational purposes within Enable Ireland (e.g. training day, information booklets) • Promotional purposes within Enable Ireland (e.g. local newsletter, notice board) 	Yes		No	

<p>These images will use used for the purposes outlined above and may be shared with e.g. HSE, orthotic specialists, seating service providers, other partners or service providers as required.</p> <p>For all other videos/photographs e.g. special events/projects, you will be contacted for specified consent.</p> <p>I have read and understand the above information regarding photography/videos and I consent.</p>				
<p><u>Please insert GP name, address, phone and email address:</u></p>				
<p><u>Please list any special conditions or exceptions to consent:</u></p>				

Service Owner Signature: _____

Print Name: _____

Date: _____

This form may alternatively be signed by the appoint Decision Support Person if appropriate (see below).

Decision Support Person Signature: _____

Date: _____

Email address: _____

Phone Number: _____

Part 2: Friends of Enable Ireland Consent Form

FRIENDS OF ENABLE IRELAND

We want to stay in touch and keep you informed with the most relevant information to you about (1) Enable Ireland's services and (2) all the wonderful events happening throughout your community. Friends of Enable Ireland network is a simple and free way for families and people using our services to keep connected to us. Therefore, if you join our network, we will send you a regular newsletter to keep you up-to-date with news and information:

- About Events and volunteering in your local area,
- About Enable Ireland's fundraising initiatives,
- To pass on cost saving offers and
- Provide opportunities to add your voice and play an important role in your community. It's easy and it's free it's free!

**Sign up
TODAY!**

LEARN MORE.
Regular newsletter.

SAVE MORE.
Cost-saving offers.

SHARE MORE.

The Friends of Enable Ireland will also send **your own unique 'Friends Savings Card'** which will allow you to share in special offers from our corporate and community partners. **If you wish** to be contacted to sign up for the Friends of Enable Ireland Network please tick here ☐ and provide details below:

Print name: _____

Address: _____

Email: _____

Telephone number: _____

Signature: _____

If you would like to receive information on events, activities and volunteering in your local area, please tick here. ☐

Connection to Enable Ireland (Please circle):

Parent / Guardian EI Staff Relation Supporter Other

Please **circle** below indicating your preferred method of contact to receive **Friends of Enable Ireland information as outlined above:**

Post Email Phone SMS

- If you **do not wish** to receive such information, please tick here ☐

Contact friends@enableireland.ie for further information on the benefits of joining this network or ring our fundraising team at 01 872 7155. Your information will only be made available to relevant Enable Ireland staff in order to share information, updates, offers, local events, fundraising and volunteering opportunities with you. Please note that you may **withdraw your consent** at any time and we have provided details in our data protection notice in this regard available at <https://www.enableireland.ie/privacy-policy>

Internal Use Only: PLEASE ensure all forms are scanned and sent to friends@enableireland.ie, or post to Enable Ireland, 31a Rosemount Park Drive, Rosemount Business Park, Ballycoolin, Dublin 11.