**Agreement to Access Services**

This agreement is for you to feel sure that you want to engage with Evolve Intervention’s services and for you to feel happy that you have been given all the information you need when starting work with us.

To start please let us know if you are signing this agreement for yourself or on behalf of a someone else (e.g. if you are a parent signing on behalf of your child)

|  |  |  |
| --- | --- | --- |
| I am signing for:Myself  Someone else  | [ ] [ ]   | Who?: |

Now, please tick these checkboxes if:

|  |  |
| --- | --- |
| * You have been given information on the service you will be receiving, including what work will be done with you, how often it will take place and who will be working with you
 | [ ]  |
| * You have been given the information sheet explaining how and why your data / information will be recorded and processed and what data rights you have
 | [ ]  |
| * You have been given information about how you can make a complaint about the service if you are unhappy or have a concern
 | [ ]  |
| * You have been given the chance to ask any questions you may have
 | [ ]  |
|  |  |
| * You are happy to work with us after reading all of the information we have given to you
 | [ ]  |
|  |  |

Signed:

Name:

Date: