Mental Health Crisis Breathing Space Consent Form

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| Professionals details |  |  |  |
| **Professional obtaining consent** | **Referrer Name:** | | | |
| **Role/organisation:** | | | |
| **Contact Number:** | | | |

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| Breathing Space information |  |  |  |
| You are receiving mental health crisis treatment, and you may be struggling with problem debt.  With your permission, I can complete a form to be sent to a debt adviser on your behalf to ask for a mental health crisis breathing space for you. Having a breathing space should stop you being contacted by someone you owe money to or being charged fees and interest on your debts while you are receiving crisis treatment. The breathing space will last for 30 days after your crisis treatment ends.  A debt adviser will share the information I provide in the form with other organisations, including the breathing space scheme administrator, your creditors and their agents. This needs to happen for them to establish your financial situation and make sure your creditors know you are protected by the scheme. Your creditors will be notified that you are in a mental health crisis breathing space, but they will not be given any specific information about your condition or your treatment.  The debt adviser will also be able to contact you later, to offer you help to manage your debts. | | | | |

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| Consent to share information |  | |  |  |
| Are you happy for me to share your details with a debt adviser to see whether you are eligible for a mental health crisis breathing space? | | Yes/No | | | |
| If you want to go ahead, but are worried that your creditors may be violent, we can ask the debt adviser not to share your address with your creditors. Do you want the debt adviser to consider this? | | Yes/No | | | |

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| Persons consent |  | |  |  |
| I am aware of information about breathing space and reasons why by information will be shared, I consent to this information being shared and stored in accordance with GDPR Legislation. | | | | | |
| **Persons name:** | |  | | | |
| **Persons signature:** | |  | | | |
| **Date:** | |  | | | |