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**Oldham – Allegation Management Meeting**

**Declaration of Confidentiality**

Information sharing within this meeting is undertaken solely for the purpose of the risk management purposes of the subject presented. Information about individuals discussed should not be shared with anyone outside the meeting without the specific agreement of the presiding chair.

1. I acknowledge that in becoming aware of certain information regarding individuals under discussion, such individuals have a right to privacy by virtue of the Human Rights Act and I confirm that I will respect this right to privacy.
2. This meeting operates under a shared understanding that it is felt the risk presented by the subjects is so great that issues of individual safety outweigh those of confidentiality
3. I accept that all matters discussed will be strictly confidential and that all documents will be marked as “Confidential - not to be disclosed without consent.”
4. I accept that the disclosure of such information outside the meeting, beyond that agreed at the meeting, or, subsequently agreed by the presiding chair will be considered a breach of the subject’s confidentiality and a breach of the confidentiality of the agencies involved.
5. I confirm that all minutes, documents, and related notes will be kept in a secure location to prevent unauthorised access.
6. I confirm that I am fully authorised by the agency I represent to enter into this agreement and the declaration of confidentiality.

**Attendance Register**

**Please note, by signing this register you confirm that you have read, understood, and agree with the Declaration of Confidentiality above.**

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| **SUBJECT** |  | **DATE/TIME** |  | **VENUE** |  |

**PLEASE PRINT CLEARLY**

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| **Reports** |  | **Agency** | **Received** |
| Initial Consideration |  |  |  |
| Referral |  |  |  |
| Referral Employer |  |  |  |