**Corby Urgent Care Centre (Northamptonshire ICB)**

**Consent to Share Details Form**

Organisations that may wish to work collaboratively with other organisations to provide the service are requested to provide consent to share their contact details in the template below.

Declaration:

I confirm that I consent to the contact details below being shared with other consenting organisations for the purpose of facilitating collaborative working to provide the required service at Corby Urgent Care Centre.

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Contact Name:** |  |
| **Role:** |  |
| **Address:**  |  |
| **Landline Number:**  |  |
| **Mobile Number:** |  |
| **Email:**  |  |

Signature:

For and on behalf of:
(name of organisation)