# CHILD’S PLAN CONSENT FORM – PARENT/CARER(S)

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| **Details of person giving consent** (Please use separate form for each person) | **Details of child/young person** |
| **Name** |       |       |
| **DOB** |       |       |
| **Address** |       |       |
| **Telephone** |       |       |
| **Mobile** |       |       |
| **E-Mail** |       |       |

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| INFORMATION I NEED TO UNDERSTAND | YES | **NO** | **NOT****SURE** |
| * What a Child’s Plan is.
 |[ ] [ ] [ ]
| * Why permission is required to gather information from all adults who know my child and keep a record.
 |[ ] [ ] [ ]
| * I have seen an example of a Child’s Plan and understand the kind of information that will be gathered together and kept.
 |[ ] [ ] [ ]
| * That I will see the Child’s Plan when finished and I will have the chance to give an opinion.
 |[ ] [ ] [ ]
| * Adults who work with my child will be asked to be part of the Plan and they may see what others have written for the Child’s Plan.
 |[ ] [ ] [ ]
| * That the adults who work with my child will use the information from the Child’s Plan to plan any extra help and support that is needed.
 |[ ] [ ] [ ]
| * That if for any reason adults who work with my child think my child is in danger or in need of protection, or is a danger to others; Social Care, the Police and the Children’s Reporter will be able to access the Child’s Plan.
 |[ ] [ ] [ ]
| * That I can change my mind about giving permission. If this happens, I will speak to the adult who explained this to me or another adult who works with my child.
 |[ ] [ ] [ ]
| * I have the phone number of the adult who explained this to me so that I can talk to him/her about the Child’s Plan or if I want to change my mind.
 |[ ] [ ] [ ]

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| I am happy about what has been explained to me: | YES [ ]  | NO [ ]  |
| I am not sure about what has been explained and these are the things that I am worried about:-       |
| I give consent for the Child’s Plan to be carried out and information about my child to be shared and stored. | YES [ ]  | NO [ ]  |
| Details of Limited Consent (where applicable):       |

**Signature ………………………………………………………………………………….. Date ……………………………………………**

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| This section to be completed by the Practitioner asking for consent |

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| Practitioner’s Details:- |
| Name |       | Work Base |       |
| Work Title |       | **Telephone** |       |

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| How was consent requested? (Please tick appropriate box) |
| Face to Face Discussion |[ ]
| Explanation to parent who then spoke to child |[ ]
| Explanation to another PractitionerPlease specify:-       |[ ]
| By sending the leaflet and form to the parent/carer |[ ]
| Telephone conversation |[ ]

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| Practitioner’s relationship with person giving consent |
| I have a close relationship with the person giving consent |[ ]
| I am aware of a known communication difficulty which could affect their ability to understand or communicate |[ ]
| Details of any communication difficulties:-       |

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| Practitioner’s statement |

**I am confident that this person understood the idea of consent.**

## Signature ………………………………………………………………………………….. Date ……………………………………………