# 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** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Practitioner  Please 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 ……………………………………………