# CHILD’S PLAN CONSENT FORM – YOUNG PERSON

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| **Details of person giving consent** | |
| **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 me and keep it on a computer. |  | |  | |  |
| * 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 it is finished and I will have the chance to give an opinion. |  | |  | |  |
| * Adults who work with me 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 me 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 me think I am in danger or in need of protection, or am a danger to others; Social Care, the Police and the Children’s Reporter will be able to access Child’s Plan record. |  | |  | |  |
| * 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 me. |  | |  | |  |
| * 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. |  | |  | |  |
| 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 me 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 young person |  |
| Explanation to another Practitioner  Please specify:- |  |
| By sending the leaflet and form to the young person |  |
| 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 ……………………………………………