

**Placement Agreement for Child or Young Person**

* This form must be completed in full and a signed copy provided to carers at the point the child is placed in their care.
* A signed copy should be uploaded to the case record of the Child / Young Person.
* Please note - it may not be appropriate to disclose the names of the carers to the Parent(s) in the interest of the safety and well-being of the Child/Young Person whilst in placement, please ensure confidentiality as necessary.
* Further details of the care arrangements will be detailed on the Child or Young Person’s current Care and Placement Plan.

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| 1. **Agreement for Child or Young Person to be Voluntarily Accommodated** | | | | | | |
| **Child/Young Person Details** | | | | | | |
| **Full Name Child:** | |  | | **Date of Birth:** | |  |
| **Case Record Person ID:** | |  | | | | |
| **Parent / PR Holder 1 - giving consent for child to be voluntarily accommodated** | | | | | | |
| **Full Name:** | |  | | | | |
| **Parent / PR Holder 2 - giving consent for child to be voluntarily accommodated** | | | | | | |
| **Full Name:** | |  | | | | |
| 1. **Name and status of the qualified Social Worker obtaining parental agreement for their child to be voluntarily accommodated:** | | | | | | |
| By signing below the Social Worker confirms the following:   1. That they are satisfied that the parent or parents signing this document have the capacity to do so. 2. That having that capacity, the consent is informed consent, considering 3. Does the parent fully understand the consequences of giving such consent? 4. Does the parent fully appreciate the range of choice available, and the consequence of refusal as well as giving consent? 5. Is the parent in possession of all the facts and issues material to the giving of consent? | | | | | | |
| **Professional Details** | | | | | | |
| **Full Name:** |  | | **I declare that I am a qualified social worker:** | |  | |

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| 1. **Carer Agreement:** | | | | | |
| **Carer 1 (or Residential Provision Manager)** | | | | | |
| **Full Name:** |  | | | | |
| **Carer 2** | | | | | |
| **Full Name:** |  | | | | |
| *Enter the name(s) of Carer or Carers ), or Residential Provision in the fields above* | | | | | |
| * We agree to care for the child or young person above, and agree to co-operate with all arrangements made by Derbyshire County Council. | | | | | |
| **Placement Agreement:** | | | | | |
| *(Please tick below as applicable)* | | | | | |
| I/we as **Relatives or Friends** agree to care for the child at the placement address for a period not exceeding six weeks, unless subsequently approved and issued with a foster care agreement between myself/ourselves and the Local Authority. | | | | |  |
| I/we agree as **Relatives or Friends** to carry out all duties specified in Section 11 (4) of the Foster Placement (Children) Regulations, 1991. I/we have received written information concerning these regulations. I/we also agree to co-operate with all arrangements made by the Local Authority. | | | | |  |
| I/we as **Approved Foster Carers** agree to care for the child at the placement address and to comply with all aspects of the foster care agreement as stated in Schedule 2 or, in an emergency placement, Section 11 (4) of the Foster Placement (Children) Regulations, 1991. I/we have received written information concerning these regulations. I/we also agree to co-operate with all arrangements made by the Local Authority. | | | | |  |
| **Type of Care:** Include placement type and brief details of relationship/arrangement being made. | | | | | |
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| **Signature of Carer 1** | |  | **Date:** |  | |
| **Signature of Carer 2** | |  | **Date:** |  | |
| 1. **Arrangements for Contact with Parents whilst child is in placement:** | | | | | |
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| 1. **Parental or Child Agreement** | | | | | | |
| **Child/young person agreement:** (where applicable)  (If of sufficient age and understanding. If the young person concerned is 16 or over and being accommodated without parental consent she/he should be encouraged to sign this agreement). | | | | | | |
| * I agree to be placed with and cared for by the Carer/Carers detailed above. * In order for the local authority to safely undertake its child protection and corporate parent responsibilities for me; I understand that my details will be shared with Health, Education and Police whilst in placement and up to 12 months after the placement has ended. | | | | | | |
| **Child/Young Person Signature:** |  | | | **Date:** |  | |
| **Parent / PR Holder 1 - Parental agreement:** | | | | | | |
| * It has been explained to me that a section 20 agreement involves me agreeing to my child being placed in and staying in foster care or residential care. It has been explained that I have the following rights:  1. To say 'no' to this proposal 2. To change my mind at a later date and bring the agreement to an end AT ANY Time. 3. To obtain legal advice about this agreement. 4. For the agreement to be kept under review and specifically to be considered by an Independent Reviewing Officer at each Looked After Child Review.  * I agree to the Child / Young Person named on this form to be placed with and cared for by the Carer/Carers as detailed above. * In order for the local authority to safely undertake its child protection and corporate parent responsibilities for my child; I understand that my child’s details will be shared with Health, Education and Police whilst in placement and up to 12 months after the placement has ended. * I understand I can remove the child from local authority accommodation at any time. * I have read the document and agree to its terms. | | | | | | |
| **Legal Advice:** [tick as appropriate] | | | | | | |
| I have taken legal advice | |  | I have been advised to take legal advice. | | |  |
| **Parent/PR Holder Signature:** |  | | | **Date and Time:** |  | |
| **Location form Signed:** |  | | | | | |
| **Parent / PR Holder 2 - Parental agreement:** | | | | | | |
| * It has been explained to me that a section 20 agreement involves me agreeing to my child being placed in and staying in foster care or residential care. It has been explained that I have the following rights:  1. To say 'no' to this proposal 2. To change my mind at a later date and bring the agreement to an end AT ANY Time. 3. To obtain legal advice about this agreement. 4. For the agreement to be kept under review and specifically to be considered by an Independent Reviewing Officer at each Looked After Child Review.  * I agree to the Child / Young Person named on this form to be placed with and cared for by the Carer/Carers as detailed above. * In order for the local authority to safely undertake its child protection and corporate parent responsibilities for my child; I understand that my child’s details will be shared with Health, Education and Police whilst in placement and up to 12 months after the placement has ended. * I understand I can remove the child from local authority accommodation at any time. * I have read the document and agree to its terms. | | | | | | |
| **Legal Advice:** [tick as appropriate] | | | | | | |
| I have taken legal advice | |  | I have been advised to take legal advice. | | |  |
| **Parent/PR Holder Signature:** |  | | | **Date and Time:** |  | |
| **Location form Signed:** |  | | | | | |