**Declaration of Truth Form and Formal Consent to Enquiries**

You are a person subject to the condition of No Recourse to Public Funds. You have applied for support from Tower Hamlets Council Children’s Services (“THCS”) under Section 17 Children Act 1989.

As you have No Recourse to Public Funds THCS is required to consider whether you are both eligible for support and destitute with no other means of support available to you.

This includes establishing:

1. Your immigration status with the Home Office

2. Whether you are homeless

3. Whether you have any money

4. Whether you are able to provide for your basic essential living needs or not and

5. Whether you have any family, friends or other agencies who could provide assistance

In order to conduct these checks we will:

* Verify your financial circumstances using a credit check. We will look to see whether you have claimed or are currently claiming benefits from either a local authority or the Department of Works & Pensions. We will want to see a copy of your bank statements.
* Investigate any anomalies relevant to establish your eligibility
* Request to see any relevant documents you might have including expired travel documentation
* Request to see copies off your applications to the Home Office and any other information we might find relevant

**THCS requires that you sign the following Declaration of Truth and Formal Consent, in order that it can accurately assess your application for support.**

I, …………………………………………………. of …………………………………………………………………………………………….,

confirm that I have today given a full, truthful and accurate account of my previous and current circumstances when applying for support to THCS.

I have not concealed or failed to provide any information in response to the questions which have been asked. I understand that failure to disclose all necessary information or to provide false information regarding myself or any of my dependants may lead to me being investigated and prosecuted by THCS and/or information being passed to the police or other agencies for investigation and to a refusal to provide support or to continue to provide support.

I confirm I will inform THCS of any change in my circumstances including personal, financial and immigration as soon as it arises, whilst I am being considered for, or are in receipt of, assistance and support from the Council.

I understand that if I seek to rely at a later date on information I was aware of today, but failed to provide, OR at a later date my situation changes in any way and I fail to inform the Council about my change in circumstances, I may be liable for investigation as to possible fraud and be excluded from further support.

I give consent for Tower Hamlets Council officers to make any enquiry into my circumstances as they see fit, (including my financial circumstances) and to enquire into the circumstances of anyone else who forms part of my claim. These enquiries may include, but are not limited to, checks with the Home Office, police, health services, education, General Practitioners, Courts and Tribunals, benefits agencies, other Local Authorities, charitable or voluntary organisations, banks, or any other organisation or individual who may hold information about me. I also hereby authorise any such organisation or individual to release to THCS any such information they hold about me. If I wish to withdraw my consent at any time, I understand that I must make this explicitly known to a social worker.

For the avoidance of doubt, I authorise my solicitor to provide THCS with copies of my application/s for leave to remain in the UK made to the Home Office, any decisions the Home Office have made, as well as any appeals I have made against refusals to grant such leave and any decisions and correspondence from the Home Office.

I authorise THCS to hold personal information about me in so far as all personal information about me will be used for the specific purpose it was collected and will be held securely by THCS. I note that the information collected about me by THCS may be used for the prevention and detection of crime.

**Signed…………………………………………….. Print name………………………………………………………..**

**Dated ……………………………………………..**