

**VOLUNTARY AGREEMENT FOR ACCOMMODATION UNDER SECTION 20 OF THE CHILDREN ACT 1989**

**IN RESPECT OF …………………………………………………………… (***Name of Child and their date of birth***)**

Name of parent/carer:

Address:

Date of Birth:

Relationship to Child:

* This is a voluntary agreement between Merton Children’s Services and yourself. The agreement is that ……(child’s name)…….. will be placed in the care of Merton Children’s Services. You can at any time remove ……(child’s name)…….. from their placement. I understand that my child will be placed in the following placement …………………………………
* Whilst you are agreeing to your child being looked after we will continue to review this arrangement. (Child’s name)……..placement will be reviewed within 20 days of……(child’s name)…….. moving there. A further review will take place within 3 months and then future reviews will take place every 6 months. Should ……(child’s name)……..move placements then a review will take place within 20 days of their move. You will be invited to/updated about (delete as necessary) these reviews and a copy of the Child Looked After plan will be shared with you.
* Review meetings are chaired by an Independent Reviewing Officer (IRO), who works independently of the child’s social worker.
* I understand that I may remove my child from the placement provided by Merton at any time and that I retain parental responsibility for my child while they are looked after by Merton Children’s Services.
* In legal terms, this placement is happening under section 20 of the 1989 Children Act. I confirm that it has been explained to me that I may take legal advice before signing this agreement. A list of independent law firms are attached to this agreement to help you, but you can also contact the Law Society Website for details of other solicitors; you are free to seek a solicitor/lawyer of your own choice.

**CONSENT TO MEDICAL TREATMENT**

Whilst ……(child’s name)…….. is being looked after by Merton Children’s Services, they may need emergency medical treatment. Should this be the case, .…(child’s name)……..social worker will use their best endeavours to contact you immediately.

Should they not be able to get hold of you, we would like your consent in advance for treatment.

I,…………………………………………….. *(full name of parent)* give consent for ……………………………………….(*full name and date of birth of child*) to have any emergency medical treatment he/she may require and understand Merton will inform me of the need for that treatment as soon as possible.

Signature of person with Parental responsibility:

Print name: Date:

Signature of social worker:

Print name:

Date:

Contact details – email and telephone number:

**Check list for the social work team:**

* Have you taken every person with parental responsibility carefully through this agreement?
* If the persons with parental responsibility do not speak English as a first language or are more comfortable with another language, has the agreement been translated into their preferred language?
* Are you satisfied that the persons with parental responsibility have capacity to consent?
* Are you satisfied that the persons with parental responsibility have consented?