

## **Appendix**

### **Name Changing Policy – Local Authority Decision Template**

(To be completed by the child's Social Worker and their Manager in the event that it is recommended that a child's first name/s should be changed upon placement for adoption)

**Name of person completing this form:**

**Child's name and DOB:**

**What do the birth parents say is the meaning behind the choice of the child's name/s?**

**Does the birth child know their name and what will be the impact, now and in the future of this being changed? Please include their views if they are an older child.**

**Rationale and evidence which supports a name change and what is the proposed new name/s (please outline the specific risks, including those that relate to religion**

**View of the team manager**

**Views of relevant workers and managers involved in Adopt Thames Valley.**

**Views of prospective adopters (if they are not ATV adopters, are they supported by their adoption agency/linkworker?)**

**Views and final recommendation by the Local Authority Senior Manager/Head of Service responsible for signing this document.**

**Signed .....**

**Name and Role.....**

**Date.....**