**VOLUNTARY AGREEMENT**

**BETWEEN**

**NORTHUMBERLAND COUNTY COUNCIL**

**AND**

***[Names of all with PR providing s.20 consent]***

**………………………………………………………….**

**PERSONS WITH PARENTAL RESPONSIBILITY**

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

**THE RELEVANT PERSONS**

|  |  |
| --- | --- |
| **The child/ren:**  | **Name DOB** |
| **The persons with parental responsibility:**  | ***[All with PR should complete the S.20 consent]*** |
| **The local authority:**  | **Northumberland County Council**  |
| **Date:**  |  |

**THE AGREEMENT**

**Agreement**

* This is an agreement between Northumberland County Council and

***[Names of all with PR]***

………………………………………………………………………………………………………………………………..,

the persons with parental responsibility.

* The agreement is that child will be placed

***[Type of placement - foster care/family placement/residential]***

………………………………………………………………………………………………………………………………..

 by Northumberland County Council.

* In legal terms, that placement is happening under sub-section ***[ 1a / 1b / 1c / 4 ]*** of section 20 of the 1989 Act.

**The placement and the children’s wishes**

* The purpose of that placement is

***[Purpose/background circumstances]***

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

* The current plan is that

……………………………………………………………………………………………………………………………..

and that the child will remain accommodated by the local authority for a period of ……………weeks / months.

* It [has / has not] been possible to find out the children’s wishes and feelings.
* The child’s wishes and feelings are:

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

**Agreement of the persons with parental responsibility and right to remove**

* The persons with parental responsibility do not at the moment object to the child being placed as set out above.
* The persons with parental responsibility may at any time remove the child from the placement as set out above.
* The persons with parental responsibility [ has / has not ] had legal advice and has the right to continue to seek independent legal advice.

**Reviews**

* [This is / this is not] an agreement for the accommodation of a new-born baby or child under six months.
* As this is an agreement for the accommodation of a newborn baby or child under six months, and the exceptional circumstances requiring the use of s 20 are:

***[May not be applicable] [If applicable, exceptional circumstances should be detailed]***

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

* Northumberland County Council intends to review this placement every [………………. weeks] and the persons with parental responsibility will, after each review, be updated by the local authority on its plan moving forward.
* Additional reviews may be requested in response to any changes.

**SIGNATURES**

**I have read this document and agree to its terms**

**Signed and dated:**

|  |  |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Signature  |  |
| Date  |  |

**The persons with parental responsibility**

***[Will need to duplicate the above signature box if more than one individual with PR signing]***

|  |  |
| --- | --- |
| Name of Social Worker  |  |
| Signature  |  |
| Date  |  |

**Northumberland County Council**

**ADDITIONAL CLAUSES**

**Where required to be translated into a foreign language**

**[*Where required to be translated into a foreign language the following clause should be completed]***

This document has been written in English and translated into:

***[foreign language]***

………………………………………………………………………………………………..

The persons with parental responsibility have read it as translated.

***[The signature section should be translated into the individual’s native language and also signed and dated the interpreter]***

**I have read this document and agree to its terms**

**Signed and dated:**

|  |  |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Signature  |  |
| Date  |  |

|  |  |
| --- | --- |
| Name |  |
| Job title | ***Interpreter*** |
| Signature  |  |
| Date  |  |

**Where an advocate or intermediary has assisted**

**[*Where an individual with PR needs to be assisted by an advocate or an intermediary in order to provide s.20 consent the following clause should be completed]***

The person, ………………………………………………………………………, with parental responsibility has been assisted by:

***[Name of advocate/intermediary]***

…………………………………………………………………………………………….

advocate / intermediary\* *(complete as appropriate)*

I, ***[Name of advocate/intermediary]***

………………………………………………………………………………………..

confirm that I have read this document with and explained it to:

……………………………………………………………………………………………

the person(s) with parental responsibility and I am satisfied they understands its contents.

**[*The document should be signed by the advocate/intermediary as below]***

**I have read this document and agree to its terms**

**Signed and dated:**

|  |  |
| --- | --- |
| Name |  |
| Job title | ***Advocate / Intermediary\* (complete as appropriate)*** |
| Signature  |  |
| Date  |  |