**Consent Form**

*(Consent means giving your permission for something to happen or making an agreement to do something)*

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| --- | --- | --- | --- | --- | --- | --- |
| **Child/Young Person’s Name:** | | |  | | | |
| **Date of Birth:** |  | | **Gender:** |  | **Ethnicity:** |  |
| **Address:** | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Child/Young Person’s Name:** | | |  | | | |
| **Date of Birth:** |  | | **Gender:** |  | **Ethnicity:** |  |
| **Address:** | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Carer Name:** | | |  | | | | |
| **Date of Birth:** |  | | | **Gender:** |  | **Ethnicity:** |  |
| **Contact Details:** | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Carer Name:** | | |  | | | | |
| **Date of Birth:** |  | | | **Gender:** |  | **Ethnicity:** |  |
| **Contact Details:** | |  | | | | | |

It is Durham County Council’s expectation that your worker will always aim to work in partnership with you and will fully explain any support that is offered to you and your family.

Please read the following statements and discuss any questions you have with your worker. You will be asked by your worker to sign this consent form when they first meet with you and you will be able to have a copy for your own records.

I/we are consenting to receive a service from the One Point Service. It has been explained by the worker what information will be collected about my family, how we will use the information and who we will share it with it. I/we understand that information about this can be found in the privacy notice on the Durham County council web site. <https://www.durham.gov.uk/dataprivacy>. If I/we do not agree to any part of this, we will let the worker know.

The local One Point Family Centre may contact you about what is on offer in the centre, for example activities in the holidays or a baby group. If you do not want to be contacted please let your worker know.

I/we understand that it may sometimes be necessary for Children’s Services staff to transport my/our child in their own car or act as an escort with another driver. Where this is necessary I/we agree that Children’s Services staff may transport my child according to the Department’s procedure for transporting children.

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| --- | --- |
| **Parent/Carer Name (please print):** |  |
| **Signature:** |  |
| **Date:** |  |