**CONSENT TO SHARING OF INFORMATION**

Name of child(ren) ………………………………………………………………….

Address ………………………………………………………………………………

…………………………………………………..…………………………………….

………………………………………………..……………………………………….

Name of parent/guardian /person wishing to be considered as a carer

………………………………………………….……………………………………..

I understand that the Trust is carrying out an assessment of the needs of the child(ren) named above, and that it *[has made/may make]* an application to court regarding *[his/her/their]* welfare.

***F&F carers only (delete as necessary)***

I have informed Children’s Trust Social Work Services that I would like to be assessed as a carer.

I consent to the local authority seeking information from the agencies named below, and to those agencies disclosing information relevant to the assessment.

I understand that any information disclosed may form part of the evidence in court proceedings.

This consent is given on (Date) …………………………………….

**Information may be sought from:**

[Parent/guardian/family member to sign all that apply]

School (Name) …………………………………………………………

Signed …………………………………………………………………..

Nursery (Name) ………………………………………………………..

Signed …………………………………..............................................

Health Visitor (Name) ………………………………………………………..

Signed …………………………………......................................................

GP (Name) …………………………………………………………………....

Signed …………………………………......................................................

The Police

 Signed ………………………………………………………………………...

The Probation Service

Signed …………………………………......................................................

(Name) ………………………………………………………………………...

Signed ……………………………………………………………….………...

(Name) ……………………………………………………………….………..

Signed …………………………………………………….…………………...

(Name) ………………….……………………………………………………..

Signed ………………………………………………….……………………...

(Name) ………………………………….……………………………………..

Signed ………………………………………………….……………………...

(Name) ………………….……………………………………………………..

Signed …………………………………………….…………………………...