

**Insert Child’s Permanence Report**

**The Disclosure of Adoption Information (Post-Commencement Adoptions) Regulations 2005**

In 2014 the above regulations were agreed. This means that when [Child’s name and DOB] reaches 18 years of age they can request access to information held within this report (Child’s Permanence Report).

It is important for you to be aware that the information in this report may be shared with them, if a request for access to information is received, once they reach 18 years of age.

|  |  |
| --- | --- |
| Name of birth parent |  |
| Address |  |
| Telephone number/s |  |
| E-mail address |  |

I understand that [Child’s name and DOB] may request to access their records and

I have discussed with the Adoption Social Worker the range of information that may be requested and the circumstances in which future contact may be made. I therefore agree to the following (please circle the appropriate answer):

|  |  |
| --- | --- |
| I am willing for identifying information to be given to my birth son/daughter about me and my involvement with, and relationship to them. | Yes / No  |
| I am willing for non-identifying information about me to be passed on to my birth son/daughter. | Yes / No |
| I am willing for my contact details to be given to my birth son/daughter.  | Yes / No |
| I want contact to be made with me first by the adoption agency/adoption support agency before I make a decision to have my details given to my birth son/daughter. | Yes / No |
| I am willing to be contacted by my birth son/daughter.  | Yes / No |
| I am willing to be contacted by the adoption agency/adoption support agency on behalf of my birth son/daughter. | Yes / No |

Name……………………………………………………………………………………

Signature ………………………………………………………………………………

Date…………………………………………………………………………………….

Witnessed by (insert name and job title)……………………………………………

…………………………………………………………………………………………..

Signature ………………………………………………………………………..……..

Date…………………………………………………………………………………….