

**Agreement to a Child’s Admission to the care of Bradford Children’s Services under Section 20, Children Act 1989**

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| **Child or Young Person’s Details** **Please complete one consent form per child**  |
| Child or Young Person’s Name  |  | Date of Birth |  |
| Age  |  | Ethnicity  |  |

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| **Relationship to the Child / Young Person**  | **Add Name**  |
| Child / Young Person’s Mother |  |
| Child / Young Person’s Father who has parental responsibility  |  |
| Adult / carer with parental responsibility by virtue of a court order  |  |
| Name of Court  |  |
| Type of Order  |  |
| Date Granted  |  |

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| **I agree to (add name of child / young person) being accommodated by Bradford Children’s Services under Section 20 of the Children’s Act 1989. I understand that this means that Bradford Children’s Services will make decisions about how add name of child / young person will be looked after with my agreement.** **I have been informed that I have the right to say no and that I have the right to seek legal advice before making the decision. I am aware that I have the right to seek independent advice at any time.** **I have been informed that I have a right to remove (add name of child / young person) from the care of the Bradford Children’s Services at any time but I will give Bradford Children’s Services reasonable notice if I intend to do this.** |

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| **I consent to Bradford Council arranging emergency surgical, medical and dental procedures or treatments for the (add name of child / young person) whilst he or she is looked after by them.** **My consent is given on the understanding that any information will be treated as confidential and only shared when it is important to my child’s care or well-being. I agree that this consent may be used for ongoing and continuing assessment and planning for my child, which includes their annual health needs assessment. My consent remains valid unless I withdraw it at a future date.** |

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| **Placement Arrangements** |
| I agree to **add child or young person’s name** being placed in **add details to clarify such as foster care / extended family / residential placement.** The purpose of the placement is **add details.**It is proposed that **child or young person name** will remain accommodated by the Local Authority for a period of **weeks / months.** This agreement will be reviewed every – **set out timescale in weeks or a date**. |

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| **Family Time Arrangements**  |
| **Set out what the family time arrangements will for the child or young person to spend time with the person signing the form.**  |

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| **Signature of Person with Parental Responsibility**  |
| Name and Relationship to the child / young person  |  |
| Signature  |  | Date  |  |

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| **Details of worker obtaining consent** |
| Name |  | Work Title |  |
| Locality  |  | Office No. |  |

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| **Location, Date and Time where consent obtained** |
| Location |  | Date |  | Time |  |