Name:	ID:	Consent to Placement

## **Consent to Placement**

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	 ent to		
			Y - 1 - 1

## **Is Consent Required?**

O No, the legal situation is such that this form is not required If this option is chosen you still need to save the form, but do not need to complete it

O Yes, Consent is required If this option is chosen, complete the rest of the form and print it for signing.

need to save the form, complete it	but do not need to
VOLUNTARY AGREEMENT	ΓBETWEEN
AND	
	ION UNDER SECTION 20 OF THE CHILDREN ACT 1989 / SECTION 76 OF THE VELL-BEING (WALES) ACT 2014 OF [CHILDREN]
THE RELEVANT PERSONS	5
The Child	
The Persons with parental responsibility	
The Local Authority	
Date:	18/09/2023
THE AGREEMENT	
Agreement	
This is an agreement be	tween and
	Enter placement type here e.g Foster Care will be placed in

The persons with parental responsibility may at any time remove the children from the [say, foster care].

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The placement is happening under section 20 of the Children Act 1989] In legal terms, the placement is happening under			
The Placement and the	child's wishes		
Enter placement plan here The purpose of the placement is Current Care Plan is			
and that for a period of	Enter placement duration here. Will remain accommo	dated by the local authority	
Have the child's wis	hes been obtained?  O No		
AGREEMENT OF THE PE	RSONS WITH PARENTAL RESPONSIBILITY AND RIG	GHT TO REMOVE	
placed in do	not at the moment object to	Enter placement type here being	
REVIEWS			
Is this an agreemen	t for the accommodation of a new-born bab	y or child under six	
O Yes	O No		
	al review will take place within 4 weeks, the second review will take ly. intends to review this placement		
Additional reviews may	be requested in response to any changes.		
Name:	ID:	Consent to Placement	

Namo	ID.	Consent to Discomen
Name:	וטו:	Consent to Placement

## Parents' / Carers' signatures

Carers need to know the content of the child's personal health plan and understand their role in implementing this. It is important to ensure they have adequate information about allergies, current medication and the treatment of any health conditions. It is also easy for details such as dates of appointments with specialists to get lost when a child changes placements. Carers need to be fully informed about any existing arrangements for specialist services such as psychotherapeutic support, and be clear both about their responsibilities in ensuring that these are maintained and their role in helping the child to follow any agreed programmes.

## Signature of parent(s) or those with parental responsibility

Parent / Carer 1	
Signature	Name
Designation	Date
Legal Advice - The person(s) with	parental responsibility
O Has/Have had legal advice	O Has/Have not had legal advice
and retains the right to continue to see	k independent legal advice.
Parent / Carer 2	
Signature	Name
Designation	Date
Legal Advice - The person(s) with	parental responsibility
O Has/Have had legal advice	O Has/Have not had legal advice
and retains the right to continue to see  Local Authority Representative	k independent legal advice.
Signature	Name
Designation	Date
WHERE REQUIRED TO BE TRANSLATED	INTO A FOREIGN LANGUAGE:
Enter language here Enter la	anguage here
Name:	ID: Consent to Placen

Name:	ID:	Consent to Placement
Parent/Carer Name:	Parent/Carer Signature:	
Date:		
Interpreter Name:	Interpreter Signature:	
Date:		
WHERE AN ADVOCATE OF	R INTERMEDIARY HAS ASSISTED	
Enter Advocate name here The	person with parental responsibility has bee	n assisted by
Enter advocate name here I it to	confirm that I have read this	s document with and explained
and I am satisfied that _	understands its contents.	
Enter advocate name here Adv	ocate Name:	
Advocate signature here Advoc	cate Signature:	
Date:		

Name: ID: Consent to Placement