

AGE ASSESSMENT INFORMATION SHARING CONSENT FORM

The purpose of this assessment is to assess your age in order to establish if you are considered a child as defined by the Children Act (1989 & 2004).

Name.....
Address.....
.....

The full age assessment will be shared with your legal representative if requested. The summary and conclusion will be made available to UK Border Agency (UKBA) through an agreed proforma. There may be circumstances in which the full age assessment will be shared with the UK Border Agency for example in the event that your case enters the court arena or in the interest of safeguarding.

As part of the age assessment process I agree to the assessors contacting any person / agency in order to request information that might assist this process.
Please specify any individual/agency that you do not wish assessors to contact if any, as part of this age assessment.
.....

Independent Observer present during age assessment was
.....
I wish to proceed without an Independent Observer being present Yes/No

The assessment took place in..... language.
This form has been interpreted to me inlanguage.
I confirm that I have understood the interpreter clearly Yes /No

Signature:..... Date:.....

Person does not wish to sign consent form (Please tick)

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