**Schedule 2 proforma**

**Section 19 or Section 20 Consent - Adoption Agencies Regulations 2005**

Name of Agency:

Address:

Telephone Number:

Fax Number:

Date form completed:

Name of Social Worker completing this form

Telephone Number:

E-mail address:

Name of Team Manager:

Telephone Number E- mail:

Signature and date: ...............................................

Date (or projected date) of adoption panel recommendation that the child should be placed for adoption:

Date (or projected date) of agency decision that the child should be placed for adoption:

**N.B. A certified copy of the child's birth certificate MUST be attached**

The child

Surname:

First Names:

Other names child is known by:

Gender:

Date of Birth:

Information about the parent(s)/guardian(s) whose consent is to be witnessed:

Mother

Surname:

First Names:

Date of birth:

Marital Status:

Address for contact by Cafcass:

Tel no:

Father *(to be completed only if father has Parental Responsibility)*

Surname:

First names:

Date of birth:

Address for contact by Cafcass:

Tel No:

Guardian(s)

Surname:

First names:

Address for contact by Cafcass:

Tel No:

**Additional information:**

Is the child accommodated (section 20 Children Act 1989)? Yes/No

Is the child in foster care? Yes/No

Is the child placed with identified carers who may wish to adopt? Yes/No

Confirmation by AA that it has counselled or attempted to counsel the consenting parent(s)/guardian(s) and explained the legal implications of consent to placement under section 19 and section 20, and provided the parent(s)/guardian(s) with the information in writing. A copy of the information must be attached to this document.

Chronology of actions and decisions taken by agency. This should include actions and decisions taken in relation to extended family and birth fathers without PR.

**Other relevant information, including;**

If another professional’s views were sought about competency, confirmation that they considered the parent/guardian to be competent to make the request for adoption.

Issues about the non-awareness of relatives about the child's birth, e.g. a concealed pregnancy.

If the birth of the child or plan for adoption is not known to the parent(s)/guardian(s)’ relatives what steps should be taken by the Cafcass officer in arranging to meet parents/guardians giving consent to preserve their confidentiality?

Issues around, for example, aggression, hostility, cultural or ethnicity issues, child conceived by rape or any other risk issues

Any other information about the parent(s)/guardian(s) or any information the adoption agency considers the officer of the service may need to know.

Good Practice Guidance: Children Relinquished for Adoption 21