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| **Name of all children / child / young person:** **SU Number:****Contact Details:** **Signature & Date…………………………………………………………………………………..** |
| **Name of Person with Parental Responsibility:** **Contact Details:** **Signature & Date…………………………………………………………………………………..** |
| **Name of Foster carer:****Contact Details:**  |
| I understand that by agreeing to a referral for a Lifelong Links family group conference, I am giving permission for my identified network to be part of the Lifelong Links meeting. This involves the co-ordinator searching for and speaking with the network to explain the reasons and share the information agreed at a planning meeting.I agree that the child/children can be included in the process through discussion / direct work with the co-ordinator**Signature & Date…………………………………………………………………………………..**I the Child/Young Person agree to a Lifelong Links Family Group Conference**Signature & Date…………………………………………………………………………………..****In consenting to this I understand the Lifelong Links is part of the Family Group Conference process and I understand as part of this, Lancashire County Council will be required to process my personal data in order to initiate the referral and to engage with you as part of the Lifelong Links Service.****We will always ensure the security and confidentiality of your personal data and will comply with UK GDPR/Data Protection Act (2018) at all times when handling your information. For full details of how we process your personal data, please see our privacy notice here: and any further information about the family group conference you require can be found on:** <https://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/family-group-conference-service/>**\*PLEASE NOTE THE REFERRAL WILL NOT BE ACCEPTED WITHOUT PROOF OF CONSENT\*** **Referrers Name, and Contact Number…………………………………………………………………..****Date………………………………………………** |

 General enquiries: fgcservice@lancashire.gov.uk