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|   | Action/Date |
| Title/Status- | DOLS Consent Form  |
| New document or revised | Revised |
| Responsible Head of Service | Head of Service Fieldwork |
| Date SMT approved. | May 2019 |
| Next review due | 30th September 2023 |

**CONSENT TO DEPRIVATION OF LIBERTY AND PLACEMENT RELATING TO CHILDREN AND YOUNG PERSONS.**

**REGARDING ( insert full name, DOB and addresse of relevant child.)**

1. **Consent to Placement**

I/We, ( insert full name(s) of all adults concerned).............................who have

parental responsibility for ( insert full names of child)

 agree to Leicestershire County Council looking after

 under Section 20 Children Act 1989.

1. **Details of Placement**

I/We, understand that will be cared for at: -
( insert full details of placement address, organisation,)

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and that the following restictions amounting to a deprivation of liberty will be in place at least until ( insert review date) –



( insert precise details of each restriction.)

I/We, understand the details of the placement and agree to all the restrictions detailed above being placed upon (insert name of child).........................I/We understand that I/we will receive a copy of the Placement Plan for

 I/We

I/We, confirm that in light of the above I/we make informed consent to the deprivation of liberty, on the basis of the restrictions detailed in this document, of ( insert childs

full name

Signed

Full name in capitals

Relationship to child

Dated

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