**PARENTS’ AGREEMENT FOR FAMILY / FRIENDS TO CARE FOR CHILDREN AS A PRIVATE ARRANGEMENT**

|  |  |
| --- | --- |
| Name of Child(ren) | DOB |
|  |  |
|  |  |
|  |  |

Parents / [*Name(s) of Parents or persons with Parental Responsibility*]

Persons with PR

Carer(s): [*Name(s) of carers*]

I/we have arranged for [*name(s) of child(ren)*] to be cared for by [*Name of carer(s)*] from [*date*].

I/we confirm that I/we do not wish my/our child(ren) to be Looked After by Rochdale Borough Council because I/we am/are able to arrange alternative accommodation for him/her/them with [*Name(s) of carer(s)*]. I confirm that I have been provided with information about what this means for my family in relation to the level of support (financial and otherwise) that will be provided to [*Name(s) of carer(s)*] and the child(ren).

In order to help them care for the child(ren), I/we agree to the social worker carrying out a child and family assessment to identify whether [*Name(s) of carer(s)*] or the children need any support or services and if so what support or services should be provided under section 17 of the Children Act 1989. I /we will receive a copy of the assessment when completed.

This assessment will also help decide if these arrangements are in the best interests of the child(ren).

As my/our child(ren) are not Looked After by Rochdale Borough Council, I/we retain parental responsibility and will be financially responsible for the child(ren) for the time the child(ren) is/are cared for by *(Name(s) of carer(s)*].

*The Arrangements*

*Financial*

*I/we agree to pay £0.00 (from Child Benefit/Income Support)weekly for each child to the above carers*

*Education*

*Name of School/Nursery*

*Head Teacher/Manager*

*Address*

*Contact telephone number*

*Health*

*Name of GP*

*Surgery address*

*Contact telephone number*

*Family Time*

*Who is/are the children to spend time with?*

*How often?*

*Who will make the arrangements?*

*I/we agree to (name of carer(s)signing consent for routine medical examinations and school trips for name of child(ren)*

**I/We agree for[*Name(s) of carer(s)*] to care for [*Name(s) of child(ren)*]from [*date*] as a private family arrangement.**

**I/we understand that he/she/they will be supported by Rochdale Borough Council as child(ren) in need and these arrangements will be reviewed to ensure they are in the best interests of the children.**

**I/We understand that I/we will continue to have parental responsibility for the child(ren) including financial responsibility.**

**I/We agree to inform Rochdale Children’s Services if [*Name(s) of carer(s)*] are no longer able to care for the child(ren).**

**Name of Parent / ……………………………………………**

**Person with PR**

**Signature ……………………………………………**

**Name of Parent / ……………………………………………**

**Person with PR**

**Signature ……………………………………………**

**Date ………………………………………….**

Copy to carers

If you have any queries, please contact:-

[*Name of child’s social worker*] on [*telephone number*]