|  |  |  |
| --- | --- | --- |
| **STRICTLY CONFIDENTIAL** |  | **Department Name****Contact**Department AddressTel: (03000) Fax: (03000)  |

|  |  |
| --- | --- |
| Parent(s): |  |
| Name of child: |  | Date of Birth: |  |
| Name of child: |  | Date of Birth: |  |
| Name of child: |  | Date of Birth: |  |
| Name of child: |  | Date of Birth: |  |

**FORMAL CONSENT to Make Further Enquiries**

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent for the agencies listed below to share relevant information about myself and/or my children with Kent County Council Children, Young People and Education Teams in order to gather information relevant to the assessment process.

This information gathered will be stored on the relevant case files. The information gathered will not be shared with other professionals unless there is Child Protection concern or if it is deemed necessary for your child’s wellbeing.

|  |  |  |  |
| --- | --- | --- | --- |
| General PractitionerName………………………………. |  | Health VisitorName……………………………… |  |
| School and/or NurseryName………………………………… |  | Housing |  |
| ProbationName…………………………………. |  | SolicitorName…………………………………….. |  |
| Family Members |  | Dentist |  |
| Consent for Early Help (where applicable) |  | Any Other – (Worker to identify) |  |
| Change Grow Live |  |  |  |
| Any other Local Authority Departments |  |  |  |
| **(Police** checks must be requested on **Kent Police** form) |

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_