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| Name of child: |  | Name of Home:  |  |
| Age of child at time of agreement:  |  | Date of agreement:  |  |

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| 1.  | Use of Closed Circuit Television (CCTV) (non-recording, used to monitor exits)  | Yes / No / Not applicable |
| 2 | Use of CCTV (recording in communal areas)*I have read and understood the contents of the CCTV Code of Practice.*  | Yes / No / Not applicable |
| 3 | Administration of emergency medication and medical treatment  | Yes / No / Not applicable |
| 4 | Administration of prescribed medication  | Yes / No / Not applicable |
| 5 | Use of listening devices and/or door alarms to monitor my child during the night | Yes / No / Not applicable |
| 6 | **For children** **aged under 16 yrs**, the use of locked doors to ensure the safety and wellbeing of the child while inside the home | Yes / No / Not applicable |
| 7 | **For children** **aged 16 – 17 yrs,** the use of locked doors to ensure the safety and wellbeing of a child while inside the home when it is regarded as being in their Best Interests but the child does not have capacity to consent (please refer to Deprivation of Liberty Standards) | Yes / No / Not applicable  |
| 8 | Use of photography, videos and digital images for internal purposes (to support communication; consultation purposes including reviews) | Yes / No /  Not applicable |
| 9 | Use of photography, videos and digital images for external (public) purposes (to publicise events; recruitment materials) | Yes / No / Not applicable |
| 10 | Written records of practice observations of staff as part of their learning and development (where a staff member may refer to a child by initials as part of their academic studies) | Yes / No / Not applicable |
| 11 | Aidhour staff (Regulation 44 Visitors), Elected Members and Ofsted inspectors to visit placement, review the child’s file and gather views of child where possible  | Yes / No / Not applicable |
| 12 | Access to internet enabled devices **with / without** supervision **(please delete)**  | Yes / No / Not applicable  |

I hereby give my consent for the above activities where I have indicated ‘Yes’ and that this agreement will be reviewed at a minimum of every 2 years or as my child becomes subject to different legislation due to reaching the age of 16 years.

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| Name of person with Parental Responsibility |  | Signature  |  |