



ABC PiP Service
Consent & Information Form

Family Name:

Home Address:

	Post Code:
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Tel No:

Email address:

Name/s of child/ren receiving service

Name:

D.O.B.

Mother:

Name:

D.O.B.

***Father/Partner:**
***please delete as appropriate**

Name:

D.O.B.

Address if different from above:

I have received a copy of the

Barnardo's 'Your Data, Your Rights' Information Booklet **Yes/No**

ABC PiP Service Information Booklet **Yes/No**

Please fill in this section to help us with our recording procedures:

	Nationality	Ethnic Origin	Religious Affiliation	Gender	Disability (if any)
Parent/Carer					
Child					
Child					

**Barnardo's Children's Services
Parental Agreement to Receive a Service**

Name of service	ABC PiP Support Service
Name of child or young person	
Age of child or young person	
Name of *person giving agreement	
Relationship of person giving agreement for the child	
Name of worker obtaining parental agreement	

*If this is not a parent it must be someone with legal responsibility for the child or young person.

The details of the service being provided have been explained to me. **Yes/No**

I understand that a record will be maintained of the service provided by Barnardo's and a Privacy Notice has been provided by Barnardo's. **Yes/No**

I understand that I may withdraw agreement for the provision of this service at any time; however the record of the service provide will be retained by Barnardo's as explained in the Privacy Notice. **Yes/No**

I give consent for my child to receive a service from ABC PiP Support Service.

Signature of parent giving agreement	
Date	