



**CONSENT FORM TO AN INDIVIDUAL
CARER/RESIDENTIAL WORKER**

department
of disability,
housing &
community
services.

This Consent Form is to be completed by prospective foster carers and residential workers. Under The Children and Young People Act 2008 the Chief Executive, Department of Disability, Housing & Community Services (Department) must be satisfied that the carer/worker is suitable to exercise parental responsibility on their behalf. Carers and residential workers who choose to complete this form allow the Department to check their records and share any information that is relevant to their ability to care for children and young people with their foster care agency or residential care agency.

I _____
(Full name) (Any previous names eg maiden name if married)

of _____
(Address)

Date of Birth: _____

Hereby consent to:

- 1 The Department examining files, notes, reports or other documents in their possession for any information relating to my involvement with children and young people in any capacity.
- 2 The Department providing relevant information obtained as a result of the above-mentioned examination to MARYMEAD
(name of agency)

I understand that I will be entitled to receive a copy of all the information provided to MARYMEAD by the Department.
(Name of agency)

I also understand that I will have an opportunity to discuss any relevant information provided by the Department to MARYMEAD before MARYMEAD makes any decisions affecting me.
(Name of agency) (Name of agency)

Signed by: _____ Date: _____

Please list the names of your own children and the names of children for whom you have provided foster care, respite care or day care (in the last 12 month period).

NAME OF CHILD:	DATE OF BIRTH:	RELATIONSHIP:

