**Durham County Council Children & Young People’s Services**

**Supported Lodgings Service**

**CONSENT FORM – SUPPORTED LODGINGS PROVIDER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has applied to the Supported Lodgings Service to become a Supported Lodgings Provider

**SECTION 1**

**Applicant(s) details**

|  |  |
| --- | --- |
| **Surname** | **Surname** |
| **Forename** | **Forename** |
| **Date of Birth** | **Date of Birth** |
| **Address** | **Address** |

**SECTION 2**

You will be asked to consent to the following:

* **Medical**
* **DBS Enhanced Disclosure**
* **Information Database Check**
* **References and/or information from other relevant agencies e.g. Fostering/individuals**

Details of documents/information to be shared in order for an assessment to be made:

* **Equal Opportunities Monitoring Form**
* **Application Form**
* **Assessment Form**
* **Report to Panel**

**SECTION 3**

|  |
| --- |
| In order to obtain details to access your application please indicate below as to whether you agree to provide your consent (Agree), or wish to withhold your consent (Disagree) |
| **Declaration**I/We**……………………………………**Agree/Disagree (delete as appropriate) that personal information about myself/ourselves may be used for the above purpose.**Signed …………………………………………. Signed …………………………………………………****Date …………………………………………… Date ……………………………………………………** |