

**Parental / Carer Notice of Intent to Use a Recording Device  
During Children’s Services Meetings Request Form**

This notice must be completed by the parent / carer and provided to the meeting organiser at least 48 hours before the intended meeting.

It is at the discretion of the meeting organiser to process this request should the request be made less than 48 hours before the meeting.

A new request must be submitted for each meeting.

**Acknowledgements (Please Tick)**

- I have read and understand the Guidance for Parents and Carers Regarding Seeking Permission to Record Children’s Services Meetings (audio, photographs or video recordings) and I agree to the terms and conditions within the guidance.
- I declare that any recordings will not be shared via social media or any on-line or other public forum.
- I declare I will not use the recorded information to threaten or intimidate, or to commit a criminal offence.
- I declare I will not use the recorded information to breach the child or their families identity

**Full Name of Parent / Carer**

**Date of Application**

**Title of Meeting and Date of Meeting When I Wish to Record  
(e.g., Review, Child Protection Conference, etc....)**

**Nature for Application (Please tick all that apply)**

- To use an audio recording device (i.e., tape recorder, mobile phone, or other surveillance device) during a meeting.
- To use a video (or photography) recording device (i.e., camera, mobile phone, laptop, or other surveillance device) during a meeting.

**Purpose for Recording (Please tick all that apply)**

- I, or my child / foster child, has a learning disability, literacy problem or specific learning difficulty, or some other physical difficulty that affects their ability to write or concentrate.
- I feel that the arrangements for minute taking organised by the Chair/relevant professionals are considered by the child's family as unlikely to be sufficient to meet their needs.
- Other Reasons

**For any items ticked, please provide additional details here.**

**Parent / Carers Signature** \_\_\_\_\_

**Date of Signature** \_\_\_\_\_

If this form is sent to the meeting organiser via email, your email will act as a signature.

## FOR OFFICE USE ONLY

Request Accepted or Declined?	
Date Request Accepted or Declined	
Date Parent / Carer Notified of Decision	

### Reason for Declining Request (Please tick all that apply)

- Insufficient time to obtain consent from meeting attendees.
- Recording the meeting was deemed not suitable by the Chair of the meeting.
- Other attendee(s) did not agree to being recorded.
- History of misusing recording device placed child at risk.
- Other (Please provide details in the box below)

**For *Other* option, please provide additional details here.**