**Section 20 (CA 1989) Agreement for Parents / Carers**

**with Parental Responsibility**

This is a formal agreement between Medway Council and

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

(Insert parent/s or carer/s name/s)

It has been explained to me/us that a Section 20 agreement involves me/us agreeing that our child/ren (insert names and DOB of children)

…………………………………………………………………………………………………..…………………………………………………………………………………………………...………………will be placed in foster care / with assessed family/friends named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / in residential placement (delete as appropriate)

It has been explained that I/we have the following rights:-

(a) To say no to this proposal

(b) To change our mind at a later date and bring the agreement to an end at any time

 (c) To obtain legal advice about this agreement

(d) For the agreement to be kept under review and specifically to be considered by an Independent Reviewing Officer at each Looked After Child Review.

I have read the document and I agree to its terms. I/We agree to my/our child/ren being accommodated by Medway Council - The following contact arrangements have been agreed: …………………………………………….…………………………………………………. .…………………………………………………………………………………………………………

This agreement was signed at (address) ……………………………………………………………

…………………………………………………………………………………………………………..

Signature of parent(s)/carers, those with Parental Responsibility

 Name Relationship Date

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Signed on behalf of the Medway Council

by:………………………………………………Name…………………………………………….

 (signature) (print name)

Position:………………………………………...Date ……………………………………………..

Review date:

Where parent/s are not fluent in English (and Section 20 care is required in an emergency), necessitating support from an interpreter:

I am an approved and registered interpreter.

I have today read this document to the parent/s in their native language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and am satisfied that they have understood this document and the further information provided by the social worker.

Signed: Print Name:

Agency: Professional Registration:

Dated:

Where interpreting services are used, this document must be translated into the parent/s own language and re-signed as soon as possible and ideally within 7 days.