****

**AGREEMENT TO PLACE A CHILD FOR ADOPTION WHERE THE CHILD IS LESS THAN 6 WEEKS OLD**

Child’s Name [ ]

Child’s date of birth [ ]

I, [ ]

of [ ]

as the parent or guardian of the child state that:

I agree to the Adoption Agency placing the child for adoption with:

1. the following prospective adopter(s):

 name (or Agency reference) [ ] (and)

 name (or Agency reference) [ ]; **or**

1. any prospective adopters who may be chosen by the Agency.

I understand that:

* I may inform the Adoption Agency that I wish to withdraw my agreement and ask for my child to be returned to me. If I do so, I may not myself remove my child from the prospective adopters as this would be the responsibility of the Agency, which must comply with my request within seven days, unless any of the following Orders are applied for or made in respect of the child:
	+ an Emergency Protection Order or a Care Order under the Children Act 1989;
	+ a Placement Order or an Adoption Order under the Adoption and Children Act 2002.
* I retain parental responsibility for the child;
* I may only have contact with the child by agreement with the Agency or by Order of the Court;
* After the child is six weeks old, the Agency will seek my/our formal consent to the being placed for adoption.

Name and address of the Adoption Agency [

 ]

Name of the Adoption Agency Social Worker and contact details [

 ]

If you are in any doubt about your legal rights, you should obtain legal advice before signing this form.

Signed

Date

Witnessed

Date