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**Schedule 2 proforma**

**Section 19 or Section 20 Consent - Adoption Agencies Regulations 2005**

Name of Agency:

Address:

Telephone Number:

Fax Number:

Date form completed:

Name of Social Worker completing this form

Telephone Number:

E-mail address:

Name of Team Manager:

Telephone Number E- mail:

Signature and date: ...............................................

Date (or projected date) of adoption panel recommendation that the child should be placed for adoption:

Date (or projected date) of agency decision that the child should be placed for adoption:

**N.B. A certified copy of the child's birth certificate MUST be attached**

The child

Surname:

First Names:

Other names child is known by:

Gender:

Date of Birth:

Information about the parent(s)/guardian(s) whose consent is to be witnessed:

Mother

Surname:

First Names:

Date of birth:

Marital Status:

Address for contact by Cafcass:

Tel no:

Father (to be completed only if father has Parental Responsibility)

Surname:

First names:

Date of birth:

Address for contact by Cafcass:

Tel No:

Guardian(s)

Surname:

First names:

Address for contact by Cafcass:

Tel No:

**Additional information:**

* Is the child accommodated (section 20 Children Act 1989)? Yes/No
* Is the child in foster care? Yes/No
* Is the child placed with identified carers who may wish to adopt? Yes/No
* Confirmation by AA that it has counselled or attempted to counsel the consenting parent(s)/guardian(s) and explained the legal implications of consent to placement under section 19 and section 20, and provided the parent(s)/guardian(s) with the information in writing. A copy of the information must be attached to this document.
* Chronology of actions and decisions taken by agency. This should include actions and decisions taken in relation to extended family and birth fathers without PR.

**Other relevant information, including;**

* If another professional’s views were sought about competency, confirmation that they considered the parent/guardian to be competent to make the request for adoption.
* Issues about the non-awareness of relatives about the child's birth, e.g., a concealed pregnancy.
* If the birth of the child or plan for adoption is not known to the parent(s)/guardian(s)’ relatives what steps should be taken by the Cafcass officer in arranging to meet parents/guardians giving consent to preserve their confidentiality?
* Issues around, for example, aggression, hostility, cultural or ethnicity issues, child conceived by rape or any other risk issues.
* Any other information about the parent(s)/guardian(s) or any information the adoption agency considers the officer of the service may need to know.