****

|  |
| --- |
| **Informed Consent**  A discussion has taken place with parent(s) to ensure they understand:   * The purpose of the assessment * Who will carry it out * What will be done with the information collected * The purpose for which information is being collected * That advice/consent can be withdrawn at any time   *“I/ we consent to our child/young person being assessed at:*  *………………………………………………………………………………….*  *(CAMHS Team Address)* |

|  |  |
| --- | --- |
| **Consent Details:** | |
| **Young Person’s Name:** | **Date of Birth:** |
| **Signature *(mother):*** | |
| **Guardian (Please tick)** Yes  No | |
| **Address:** | **Contact No.:** |
| **Signature *(father):*** | |
| **Guardian *(please tick)*** Yes  No | |
| **Address:** | **Contact No.:** |
| **Does the other parent consent to the referral?**  Yes  No | **If “NO” please provide more details:** |
| **Additional comments:** | |