**Family Group Conference**

**Consent, Permission and Data Protection**

I can confirm that I will take part in a Family Group Conference (FGC)/Mediation and agree:

**Consent to Share Information:**

I give consent for relevant professionals/agencies identified, involved with our family, to share relevant information about us with Family Group Conferencing & Mediation Service. For FGC I give permission for the relatives and friends I have identified to be contacted with the reasons for the conference and for professional reports to be shared with them.

**Advocacy for children/young people (only applicable to FGC):**

I give consent for my child/children to be seen privately by an Independent Advocate. The Advocate will focus solely on the child’s views, help them to express their wishes and feelings, be understood and taken seriously. They will also help them to prepare for the FGC meeting.

**Data Protection - Storage of information:**

I understand and agree that the Family Group Conference & Mediation Service will keep only necessary and relevant confidential records of my family information on a secure database, in line with Plymouth City Council (PCC) Data Protection Policy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Signed* | *……………………...……..* | *(****\*****Young Person****/****Adult)* | *…………………………* | *(date)* |
| *Please PRINT NAME:* | *­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| *Signed* | *…………………………..* | *(****\*****Young Person/Adult)* | *…………………………* | *(date)* |
| *Please PRINT NAME:* | *­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |

 ***\*****Parental responsibility (PR) or* ***+****delegated responsibility (DR) held*

**Name of FGC Co-Ordinator supporting the completion of this form**

*FGC Staff name………………………….. Signed……………….………………. Date……………………..*

**FGC Co-ordinator must ensure that a copy of completed form be given to parent/carer and copy placed on organisational records.**