



Consent – Child and Parent or Carer

We have had the Time to Change initiative explained to us and we agree to a referral being made to the Time to Change project.

We also agree that information held by member agencies of the Time to Change project and obtained through the referral and assessment process may be shared with relevant agencies or organisations for the purpose of developing and implementing an Integrated Support Plan (ISP). Information will also be shared with outside agencies for the purpose of evaluating the effectiveness of the Time to Change initiative both locally and nationally. The sharing of information will be carried out in accordance with the terms and procedures of the Time to Change information sharing protocol.

We understand that this information will be stored either electronically or in the manual records by the Time to Change Team for case management purposes.

*We also give permission for Time2Change to take photographs during any activity days that may take place. These will be used by Time2Change and the Youth Justice Board for promotional work only. *(delete if required)

Reasons for Referral and Proposal for Assistance

Parent/Carer:
Print Name

Young Person:
Print Name

Signature

Signature

Date :

Date :