

***Parent / Carer / Young Person to complete***

I give permission for the Early Help Assessment (previously CAF) and subsequent information held by the Integrated Working Team completed for

*(Child / Young Person’s Name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to be shared with

*(Professional’s Name and Address)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Carer/Young person’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer/Young Person’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note - Permission should normally be given by the person who originally signed the common assessment.***

Please return the completed form to:

Integrated Working Team

People and Communities Department

Bath & North East Somerset Council

Lewis House, Manvers Street

Bath, BA1 1JG

Email: IWT@bathnes.gov.uk

Telephone: 01225 395021