**Authorisation Form**

I give my permission for your name/your organisation’s name to contact individuals and organisations on my son’s/daughter’s behalf and discuss their confidential information.

I give my permission for your name/your organisation’s name to have full access to any and all of my son’s/daughter’s records held by any third party individual or organisation. I understand that your name/your organisation’s name may ask for this information in line with the Data Protection Act 2018.

I give permission for your name/your organisation’s name to act on my son’s/daughter’s behalf.

I have been told that this client authorisation form may be photocopied, and I have agreed that copies may be used when your name/your organisation’s name asks for information or acts on my son’s/daughter’s behalf.

To complete this form, please fill in your details below at section number 1 and sign where indicated. Ask another person to watch you sign the form. They should then complete their details at section 2 and sign it where indicated.

**Young person’s name: ……………………………………………………………………………**

**Young person’s Date of Birth: ………………/………………………/………………………………….**

**Parent name: ……………………………………………………………………………**

**Parent signature: ……………………………………………………………………………**

**Date: ………………/………………………/………………………………….**

**Witness name: ……………………………………………………………………………**

**Witness signature: ……………………………………………………………………………**

**Date: ………………/………………………/………………………………….**