|  |  |  |
| --- | --- | --- |
| **Preparing for Life Home Visiting Programme** | Yes | No |
| I have read the information leaflet about Preparing for Life’s Home Visiting Programme or have had it read to me. |  |  |
| I have had the chance to ask questions and talk about the programme and am happy with the answers I have been given. |  |  |
| I understand what the programme involves and feel I have received enough information. |  |  |
| I understand that I am free to withdraw from the programme at any time, without giving a reason. |  |  |
| I agree to take part in the programme, and I agree that my baby can take part in the programme. |  |  |
| I agree for my information to be used for evaluation purposes and understand that my information will be kept anonymous (i.e., my name, address, date of birth etc will not be shred). Any information used about me for evaluation will all be in a statistical format. |  |  |
| Signature: Date:  Home Visitor Signature: Date: | | |

Please complete this section when the Preparing for Life parent is under **18** at the time they commence the programme.

|  |
| --- |
| Parent/Guardian Consent |
| As the legal guardian of someone under 18 years of age, I understand that they would like to take part in the Preparing for Life programme, and I give my consent for them to do so.  Signature: Date:  Home Visitor Signature: Date: |

|  |
| --- |
| Promotional Materials Consent |
| I understand that pictures (individual and group) have been/will be taken by the Preparing for Life programme. I give permission for my picture and my son’s/daughter’s picture to be used for promotional materials (newsletter, web page, calendars, PowerPoint, promotional videos, etc.) in highlighting the programme. Names will not be used.  By signing this, I release Preparing for Life Staff, The Northside Partnership, the Department of Children and Youth Affairs, and Tusla from any liabilities arising from using said photographs.  Signature: Date:  Home Visitor Signature: Date: |