

Dynamic Support Register – Consent form

Name: _____ Date of Birth: _____ NHS Number: _____

Please confirm current medical diagnoses: **Learning Disability** YES / NO **Autism** YES / NO

❖ I am the parent / legal guardian of the person named above.

OR

❖ I am the person named above. (Please indicate)

I have been given information about the Dynamic Support Register and understand its function.

I understand I can withdraw my consent at any time.

I understand that any information will be shared with relevant services who could support the person named above and will be discussed at the Dynamic Support meetings to help plan support when this is needed.

I give consent for these details to be held on the Dynamic Support Register

Signed: _____ Name: _____

Date: _____ Phone number: _____ Email: _____

The individual named above has been deemed to lack capacity to consent to their information being held on the Dynamic Support Register. Following consultation with the person and relevant others, a decision has been made in their best interest for their information to be held on the Dynamic Support Register.

Signed: _____ Name: _____

Date: _____ Role: _____

Contact preferences:

I would like to be contacted via the below methods (please tick):

Telephone Email Text message

If you are under 25ys of age, you may be entitled to a Keyworker from the Dynamic Keyworking Service.

Yes No

Do you give consent to be contacted by the Dynamic Keyworking Team?

Consent form to be emailed to glicb.gloscpdsr@nhs.net

Gloucestershire 0-18yrs Dynamic Support Register

NHS Gloucestershire

 glicb.gloscpdsr@nhs.net

Shire Hall, Westgate Street, Gloucester, Gloucestershire, GL1 2TG

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