



Consent Form for East Berkshire Dynamic Support Register

This consent form is for young people and adults to agree for information about them to be held on East Berkshire Dynamic Support Register, or someone with parental responsibility for those who are under 16 years of age.

If you would like an Easy Read version of the information leaflet and consent form please contact: frimleyicb.dynamicsupportregister@nhs.net

If a young person is 16 or over, parents cannot take this decision on behalf of their young person who should sign this consent form themselves (subject to mental capacity assessment if required). *

Patient Details

Patient Name
Date of Birth:
Contact Number:
I have read and understood the information provided to me about the Dynamic Support Register and I hereby provide written consent for my information to be held on the Dynamic Support Register.
Signature:
Print Name:
Date:

* If a person aged 16 or over is thought not to have the capacity to consent to this decision, an assessment of mental capacity must be carried out and a Best Interests Decision may need to be taken. If this applies to you, your health or social care case manager can explain the process to you. A Best Interests Decision focuses on what is in the best interests of the person and considers the views of those who know the person well.

Only complete this section if you do NOT want your information on the register:

I do not consent for my information to be shared with the Dynamic Support Register:

Name:	 	
Signature:	 	



Barnardo's are providing the Key Worker service for people who are aged 25 or under who are rated as 'amber' or 'red' on the DSR. This service will support young people (0-25) and their families/carers to navigate the health and social care and support the young person to get the right support at the right time to reduce their risk of admission to hospital. The Key Workers will also work on person-centred goals with the young person and/or families/carers, and signpost to appropriate local services and support.

If you would like more information about the new service, please visit <u>https://www.england.nhs.uk/learning-disabilities/care/children-young-people/keyworkers</u>

If you meet the eligibility criteria for the Key Worker service, are you happy for your details to be shared with Barnardo's to arrange support from the service?

Please tick the appropriate box.

Yes 🗌	No	
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If you would like to be referred to the Key Worker service, please provide the address where the referred individual currently lives:

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Are you happy for Barnardo's to speak to your professional support network (e.g., your social worker, mental health teams, etc.) to understand your current presentation and situation?

Please tick the appropriate box.

Yes [

No 🗌

If you ticked 'yes' above, please provide the name and contact details for a key professional supporting the referred individual who you are happy to be contacted by Barnardo's:

Professional's name:
Email address:
Phone number: