**CONSENT FORM (under 16)**

**Learning Disability and Autism Programme,**

**Young People and Adults, Dynamic Support Register**

I confirm I have read and understood the information leaflet regarding joining the Dynamic Support Register and understand this information may be shared with the following partner organisations:

* North East London Key working Service
* Children’s Social Care
* Adults social care (if 17.5 years old to support with Transition)
* Special Education Needs Service (SEN)
* Educational Psychology
* Mainstream and Special Schools
* CAMHS LD/ CAMHS /CAMHS Urgent Care
* CAMHS Provider Collaborative (if required)
* CAMHS Forensic Services (if required)
* ICB Children’s Commissioner
* Designated Clinical Officer
* Children’s Commissioning Local Authority
* Children Community Continuing Healthcare (CHH) and Complex Care Team
* Transition Teams- 16-25/Adult mental health and LD services as required
* Local Authority Placements Services
* Specialist Advisory Teachers
* Representative from Acute Trust – Local Hospitals
* Integrated Youth Services (if required)
* Early Support and Youth Offending Service – (if required)
* Adult Community services (if 17.5 years old to support with Transition)
* Designated Safeguarding Children/Adult/ Looked After Children’s Leads as appropriate

I am the parent of, or I have parental responsibility for:

(Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to my child’s name being placed on the Dynamic Support Register

*(Please tick as appropriate)*

I do not consent to my child’s name being placed on the Dynamic Support Register *(Please tick as appropriate)*

**I am happy with the Information sharing agreement of the** Dynamic Support Register *(Please tick as appropriate)*

**I have understood all information** given to me about the Dynamic Support Register (DSR) and I am happy to be on the register for the next 6 months.

**I have understood that I can withdraw my consent** to be on the Dynamic Support Register (DSR) at any time. To withdraw consent, I will need to inform the Care co-ordinator who can inform the DSR Group to remove my name/the child’s name.

**I Consent to be offered the Keyworking Service if appropriate**

Child/Young Person 16 – 25 years old

|  |  |
| --- | --- |
| I confirm that I have been provided with information about the NEL Keyworking Service verbally, by leaflet or by Local Offer Website | Yes ☐ No ☐ |
| I consent for the NEL Keyworking Service to receive and my share personal and health information with the organisations and services that are involved in my care and treatment. To provide additional support when required, as agreed by the DSR review team. For example, Name, address, latest assessments, reviews and care plans. | Yes ☐ No ☐ |
| Name |  |
| Date |  |

Parent/Guardian

My child is under 16 years old/ My child does not have capacity to consent,

|  |
| --- |
| I confirm I am the named parent of, or I have parental responsibility for …………………………………………………. (print name) |
| I confirm that I have been provided with information about the NEL Keyworking Service verbally, by leaflet or by Local Offer Website | Yes ☐ No ☐ |
| I consent for the NEL Keyworking Service to receive and share personal and health information with the organisations and services that are involved in the care and treatment for my child named above. To provide additional support when required, as agreed by the DSR review team. For example, Name, address, latest assessments, reviews and care plans. | Yes ☐ No ☐ |
| Name |  |
| Date |  |

**Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the completed form to: Stephanie.Earle@walthamforest.gov.uk