**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.

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

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

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

Please send the completed form to: XXXX