**Dynamic Support Pathway (DSP)**

**Consent Form**

**Name:** …………………………………………………….

**D.O.B.** ……………………………………………………..

**NHS Number:** ……………………………………………

**For individuals who have capacity**

I have been given the information about the DSP. I have read the information, discussed and understood what being placed on the DSP means for me.

I understand that I can withdraw my consent at any time by informing someone involved in my care, who will then ensure my details are removed from the DSP. For more details about data security and protection, visit: <https://www.derbyshirehealthcareft.nhs.uk/about-us/data-security>

I understand that information will be shared with relevant services and professionals who may be able to support me and will be involved in the DSP meeting(s) to discuss developing my support plan.

I give my consent to be placed on the DSP.

Signed: ……………………………………………

Name: …………………………………………….

Date: ………………………………………………

**To confirm verbal consent**

If the individual is not able to sign to confirm their agreement to being placed on the DSP, they can give their verbal consent to a person they trust who can sign this document on their behalf.

The individual signing on their behalf needs to complete all sections below.

**Signed on behalf of:** ………………………………………

**Signature:** …………………………………………………...

**Name:** ……………………………………………………….

**Role:** ………………………………………………………….

**Date:** …………………………………………………………

**Best Interest Decision**

Following a Mental Capacity Act (MCA) assessment, the decision has been made that the person I wish to refer does not have capacity at this time to give informed consent, therefore I have completed the referral for the individual to be placed on the DSP in their best interest.

**Signed on behalf of:** …………...…………………………………

**Signature:** …………………………………………………………..

**Name:** ………………………………………………………………

**Role:** …………………………………………………………………

**Date:** …………………………………………………………………

**Keyworking service**

I have been given the information about the Keyworking service. I have read the information, discussed, and understood the reason for referral to the Keyworking service. [Derbyshire Keyworker service | Affinity Trust](https://www.affinitytrust.org/what-we-do/children-and-young-people-services/derbyshire-keyworker-service/) (up to the age of 25)

I understand that I can withdraw my consent at any time by informing my Keyworker, who will then ensure my details are removed from the Keyworking service. For more details about data security and protection, visit: <https://www.derbyshirehealthcareft.nhs.uk/about-us/data-security>

I understand that information will be shared with relevant services and professionals who may be able to support me and will be involved in the DSP meeting(s) to discuss developing my support plan.

I give my consent to be referred to the Keyworking service.

Signed: ……………………………………………

Name: …………………………………………….

Date: ………………………………………………

To allow contact to be made by a Keyworker

 Yes/No

To allow a Keyworker to contact parent/carer(s)

Yes/No