**Consent Form for the Keyworking service**

|  |  |
| --- | --- |
|  | This is a consent form for the Keyworking service.  A consent form is for you to say something is OK. |
|  | The Keyworking service supports people up to the age of 25. The NHS will keep your details on a list. This list is called the Dynamic Support Register.For more details about data security and protection, visit: <https://www.derbyshirehealthcareft.nhs.uk/about-us/data-security>  |
|  | You will be allocated a Keyworker to help you get the support you need at the right time. The Keyworker will help you understand your care plans.  |
|  |  There is a leaflet that goes with this form about the Keyworking service. The leaflet is called “Keyworking service in Derbyshire”.Further information about the Keyworking service can be found on their website [Derbyshire Keyworker service | Affinity Trust](https://www.affinitytrust.org/what-we-do/children-and-young-people-services/derbyshire-keyworker-service/)  |
|  | It is important that you and your carer read the leaflet. |
|    |  If you are happy to be referred for a Keyworker you will need to sign this formYou can change your mind and ask to be removed from the Keyworking service at any time by emailing: dhcft.ndpat@nhs.net |

***I am happy to be referred to the Keyworking service.***

|  |  |
| --- | --- |
| **Date:** |  |
| **Full name:** |  |
| **Signature:** |  |
| **Date of birth:** |  |
| **NHS number:** |  |
| **Home address:** |  |

Details of professional consenting person:

|  |  |
| --- | --- |
| **Print name:** |  |
| **Signature:** |  |
| **Role:** |  |
| **Date/time:** |  |