



**DSR (Dynamic Support Register)**

**Consent Form for Children or Young People**

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

NHS number: \_\_\_\_\_

**For persons under the age of 18 who have capacity (Gillick Competency):**

I have seen information about and been able to talk through the function of the DSR.

I understand that I can withdraw consent at any time by informing the DSR team (personally or via the professional lead who is supporting me), who will then remove my details from the DSR.

I give consent to being included on the DSR

I understand that information will be shared with relevant services who could support me and will be discussed at DSR meetings to help plan my support.

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

Name: \_\_\_\_\_

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

To confirm verbal consent;

Signed on behalf: \_\_\_\_\_

Name / Role: \_\_\_\_\_

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

**Parental Responsibility or Legal Guardianship for persons under the age of 18:**

I have seen information about and been able to talk through the function of the DSR.

I understand that I can withdraw my consent at any time by informing the DSR team.

I hold parental responsibility or legal guardianship and I consent to the child or young person I care for being included on the DSR.

I understand that information will be shared with relevant services who could provide support and this information will be discussed at DSR meetings to help plan the child or young persons support.

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

Print: \_\_\_\_\_

Relationship: \_\_\_\_\_

**If a best interest decision has also been made:**

Following a capacity assessment the person I am referring has been found not have capacity to give informed consent for inclusion on the DSR.

I have completed the referral for inclusion on the DSR following a formal best interest's decision.

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

Name / Role: \_\_\_\_\_

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