



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

By consenting to be on the DSR, if you are age 0-25, you may be entitled to additional support from a LD & A Keyworker. These teams take referrals from the DSR and triage accordingly and make direct contact with individuals on the register.

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: _____