



**DSR (Dynamic Support Register)**

**Consent Form for adults**

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

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

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

**For persons who have capacity**

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: \_\_\_\_\_

**Best interest decision:**

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: \_\_\_\_\_