

**Consent form**

# For the Dynamic Support Register (DSR)

The DSR is a list of people at risk of going to hospital or already in hospital and with concerns about their care. A group of professionals including Social Workers, Doctors and Nurses meet to talk about the people on the list and try to find new ways to help. You cannot be added to this list without your consent.

1. **Would you like to be added to the DSR?**

### Yes, I would like to be added to the DSR

You will only be added to the list if you need to be. You might be offered a different service instead.

### No, I do not want to be added to the DSR

1. **About you**

|  |  |
| --- | --- |
| First name: |  |
| Surname: |  |
| Address: |  |
|  |  |
| Signature: |  |
| Today’s date: |  |
| My birth date: |  |
| Telephone number: |  |
| Email address: |  |

### If consent is required from a parent, guardian or legal appointee, please see next page

**Consent by a guardian or legal appointee**

**If you are signing this consent form for an adult who does not have capacity to decide, please complete the form on page 1 and add your details here:**

Name

Address and postcode

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the guardian / legally appointed deputy\* for

(name)

Signed

Date

# Consent for a child

### For children under the age of 16, this form must be completed and signed by a parent or someone with parental responsibility:

Your name

Your address and postcode

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent of, or I have parental responsibility for:

(name)

Signed

Date