**Dynamic Support Pathway (DSP)**

**Consent Form for Adults**

**Name:** …………………………………………………….

**D.O.B.** ……………………………………………………..

**NHS Number:** ……………………………………………

**For individuals who have capacity.**

I have been given the information about the DSP. I have read the information, discussed and understood what being placed on the register means for me.

I understand that I can withdraw my consent at any time by informing the DSP team or my lead professional, who will then ensure my details are removed from the register.

I understand that information will be shared with relevant services and professionals who may be able to support me and will be involved in the DSP meeting(s) to discuss developing my support plan.

I give my consent to be placed on the DSP.

Signed: ……………………………………………

Name: …………………………………………….

Date: ………………………………………………

**To confirm verbal consent**

If the individual is not able to sign to confirm their agreement to being placed on the DSP, they can give their verbal consent to a person they trust who can sign this document on their behalf.

The individual signing on their behalf needs complete all sections below.

**Signed on behalf of:** ………………………………………

**Signature:** …………………………………………………...

**Name:** ……………………………………………………….

**Role:** ………………………………………………………….

**Date:** …………………………………………………………

**Best Interest Decision**

Following a Mental Health Act (MHA) or Mental Capacity Act (MCA) assessment, the decision has been made that the person I wish to refer does not have capacity at this time to give informed consent, therefore I have completed the referral for the individual to be placed on the DSP in their best interest.

**Signed on behalf of:** …………...…………………………………

**Signature:** …………………………………………………………..

**Name:** ………………………………………………………………

**Role:** …………………………………………………………………

**Date:** …………………………………………………………………