**CONSENT FORM (16+)**

**Learning Disability and Autism Programme,**

**Young People and Adults, Dynamic Support Register**

I confirm I have read and understood the information leaflet regarding joining the Dynamic Support Register and understand this information may be shared with the following partner organisations:

* London Borough of Bromley or other Local Authorities involved in the Person’s care
* South East London ICB (Bromley)
* SELECT Key Working Service (South East London ICB)
* Positive Support Group (PSG)
* South London and Maudsley NHS Trust (SLaM)
* Oxleas NHS Foundation Trust (Oxleas)
* NHS England (NHSE)
* South London Mental Health and Community Partnership (SLP)
* Out of area Mental Health services, Local Authorities and ICBs (where the person is placed outside of South East London boroughs and may remain the responsibility of NHS South East London ICB)

I consent to my name being placed on the Dynamic Support Register

*(Please tick as appropriate)*

I do not consent to my name being placed on the Dynamic Support Register

*(Please tick as appropriate)*

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

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

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

**Please return this consent form to** [Bromley.DSR@selondonics.nhs.uk](mailto:Bromley.DSR@selondonics.nhs.uk)