

**Consent to**

**Adult Care & Support**

**Plan**

|  |
| --- |
| **Personal Details** |
| Name: |  | AIS Number: |  |
| Address: |  | Date of Support plan: |  |

**How your Information will be used**

|  |
| --- |
| Please read this section carefully, it explains how the local authority will use and share the information about you that is collected on this form. **Data Protection Act 1998**The information collected on this form about you will be used to assess your need for help, advice, support and care and to manage, plan and review support which may meet your needs, both now and in the future.The local authority may need to share your information with other people within the local authority such as the direct payment support service or the welfare rights service, and outside the local authority with health professionals involved in your care or providers of care and support. We will not do so without your consent unless there are legal reasons for this, such as to prevent a crime or safeguard vulnerable people. The local authority is also required to provide statistics to the Government; however your personal details will not be included in these statistics. This form will be stored securely and may be kept for up to 6 years. You have the right to see any information we hold about you at any time.**Consent to share the information on this form**Once this form has been completed, your social worker or care coordinator will ask you to sign to say that you agree to the information being shared. You will be told who may receive the information and if you do not wish certain information to be shared or certain people or agencies to have your personal information you may say so and this will be recorded at the end of this assessment form You will be able to withdraw your consent at any time by contacting your social worker or care coordinator.  |

**Consent to Care and Support Planning** *– to be completed by the service user unless they lack capacity to consent, in which case it should be completed only by anyone with authority – the Lasting Power of Attorney for Care & Welfare or a Court Appointed Deputy.*

|  |
| --- |
| I consent to the care & support planning arrangements to determine how my eligible care and support needs will be met.I consent to the local authority sharing this support plan and, if necessary my contact details, with appropriate individuals or agencies in order to arrange appropriate care and support.I understand that if I do not give consent or only allow certain agencies to be contacted the local authority may not be able to fully meet my care and support needs.I have been told who will be consulted and who information might be shared with.If there is information that you do not wish to share or people you do not wish to see it please say so below before signing. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| Role (if not signed by individual) |  |

|  |
| --- |
| If the person lacks capacity to consent, this care and support plan has been undertaken under Best Interest (Mental Capacity Act 2005) |