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| **Children’s and Young Person’s Continuing Care Consent Form**(Child or Young Person) |
| **Your Name:** |  | **DOB:** |  |
| **Address:** |  | **NHS No.** |  |
| **Post Code:** |  | **GP:** |  |
| This form is to be used where a young person is either: over 16; or under 16 but has been assessed as competent to agree to an assessment. If the child is under 16, a competency/ capacity assessment should accompany this form.  |
| **Statement** | **Initials of Young Person**  | **Initials Professional** |
| **I consent** to the Children’s Continuing Care Team gathering evidence about me for the purpose of a Children and Young People’s Continuing Care Assessment. |  |  |
| **I am aware** that information on me is held electronically in accordance with the Data Protection Act 2018. |  |  |
| **I understand** that this information, and the resulting assessment, will be shared with multidisciplinary colleagues from Health, Social Care and Education, as part of the Continuing Care Process, including providers who may deliver Heath and/or Social Care services to me. |  |  |
| If there are any safeguarding concerns professionals are required to share information with all agencies regardless of permission given. |
| If a package of care is offered, **I agree** that information about my package can be included in my Education, Health and Care Plan. |  |  |
| **I understand** that this eligibility for Children’s Continuing Care is subject to review. |  |  |
| **I understand** that any health care package is subject to review. |  |  |
| **I understand** that I may withdraw my consent to share information at any time. |  |  |
| However, **I do not want** the following information shared with: Please specify: |  |
| **Signature:** |  | **Printed Name:** |  |
| **Date** |  |
| Please return this form to: BNSSG CCG Complex Care Team at:Bristol, North Somerset, South Gloucestershire Clinical Commissioning GroupE-Mail: bnssg.cc.childrens@nhs.net Tel: 0117 984 1656 |