**Keyworker Services Consent Form**

|  |  |  |  |
| --- | --- | --- | --- |
| The Humber and North Yorkshire Keyworking Service covers Hull, East Riding of Yorkshire, North Lincs, North East Lincs, North Yorkshire and York. The service is available to children, young people who have autism/and or learning disability and who are the highest risk of being admitted to a mental health hospital. A key element of the Keyworkers role will be to provide information and support to children and young people and their families to ensure that personalisation approaches are embedded in children and young people’s plans and that creative solutions are considered to meet the individual’s needs. | | | |
| **Child/ young Persons details** | | | |
| Surname: | Forename/s: | | |
| Date of Birth: | | Telephone Number: | |
| Address: | | Postcode: | |
| **Consent** | | | |
| **Child/Young Person**  I confirm that I have been provided with the information regarding Humber and North Yorkshire Keyworker Service.  I consent for the Humber and North Yorkshire Keyworker Service to collate and share  (Please tick)  information to assist the allocated Keyworker to plan for initial contact and support and  ensure I only have to 'tell my story once’. | | | |
| **Parent/Guardian**  My child is under 13 years old/My child does not have capacity to consent:  I ………………………………………………………….. (print name)  Confirm I am the named parent of, or I have parental responsibility for  (Please tick)  …………………………………………………. (print name)  I confirm that I have been provided with the information regarding Humber and North Yorkshire Keyworker Service.  (Please tick)  I consent for the Humber and North Yorkshire Keyworker Service to collate and share  (Please tick)  information to assist the allocated Keyworker to plan for initial contact, and support and  ensure I/he/she only has to 'tell their story once’.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | (please tick)  Is Parental Responsibility shared with anyone else? Yes No  (If yes please provide details below) | | | | | | | Surname: | Forename: | | | Title: | | | Relationship: | | Telephone number: | | | | | Address: | | Postcode: | | | | | Please confirm your consent for Humber and North Yorkshire  Keyworking Service to contact and share information with: | | | (Please tick)  Yes No | | | | Health (e.g., Paediatrician, Specialist Nurses, Consultants) | | |  | |  | | Social Care (e.g., Family Centres/workers, Social worker) | | |  | |  | | Education (e.g., Teachers, Educational Psychologist, Education Welfare Officers) | | |  | |  |  |  | | --- | | Is there anyone you do not want us to contact or share information with?  (If so, please provide details below): | |  | | | | |
| Please sign  Print Name: Signature: | | | Date |
| Under the NHS Constitution you have the right to Privacy and to expect the NHS to keep your information confidential and secure  We are committed to protecting your privacy and will only process personal confidential data in accordance with the UK General Data Protection Regulation, the Data Protection Act 2018, the Common Law Duty of Confidentiality, Professional Codes of Practice and Human Rights Act 1998  For information on how Humber Teaching NHS Foundation Trust uses identifiable data please visit the Privacy notice here [Privacy Notice for Patients (humber.nhs.uk)](https://www.humber.nhs.uk/about/privacy-notice-for-patients.htm) | | | |
| **To avoid delay, please ensure that the form is fully completed;**  **otherwise it will be returned to you, thank you.** | | | |
| **Please forward this consent form by email to**  **Humber and North Yorkshire** **Keyworker Enquiries:**  [**hnf-tr.keyworkerenquiries@nhs.net**](mailto:hnf-tr.keyworkerenquiries@nhs.net) | | | |