**Autism and Learning Disability Keyworker Plus Consent Form**

**Keyworker Plus Support Service**

The service is available to young people between 18 to 25 years of age 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 young people and their families to ensure that personalisation approaches are embedded into young people’s plans and that creative solutions are considered to meet the individual’s needs.

**Consent of Young Person (YP)**

Provide details about the YP

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| **Young Persons Details** | |
| Surname: | Forename/s: |
| Date of Birth: | Preferred Pronouns: |
| Address: | Postcode: |
| Date: | Referrer: |
| Current Capacity under MCA:  *Does the client have capacity*  *Y, N, N/A* | *Comments (ie. Capacity assessment date and outcome):* |
| **Consent** | |
| I confirm that I happy to be contacted by the North Central London Keyworker Service to understand more about the supports they provide.  X  I consent for the North Central Keyworker Service to collate and share information to assist the allocated Keyworker to plan for initial contact and support and ensure I only have to 'tell my story once’. | |
| Signed by Young Person and/or Parent/Carer: |  |
| Print Name: |  |
| Date: |  |

If the YP is not in agreement to have an ASD/LD Keyworker, please state reason/s to inform learning from the pilot.

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| **Reason/s for YP declining Keyworker:** |

**Please return form to:** nclicb.keyworkerplusteam@nhs.net