**Request to Be Added to the Dynamic Support Register**

**What is the Dynamic Support Register (DSR)?**

The DSR is a register of people with a formal diagnosis of **learning disabilities and/or autism** who may need additional support from services who are able to work together to keep people at living well at home and reduce hospital admissions.

Are you…

|  |  |  |  |
| --- | --- | --- | --- |
| Self- Referring |  | Referring on behalf of another person |  |
|  |  | Relationship to individual: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details**  **(of individual requesting to join the DSR)** | | | |
| First/Middle Name (s): |  | | |
| Last Name: |  | | |
| Preferred Name: |  | | |
| Date of Birth: |  | | |
| NHS number (If known): |  | | |
| Do you have a formal diagnosis of Autism? | Yes / No | Date of diagnosis (if known) |  |
| Do you have a formal diagnosis of a Learning Disability | Yes / No | Date of diagnosis (if known) |  |
| Home address: |  | | |
| Phone Number |  | | |
| Email Address |  | | |
| GP Surgery Address |  | | |
| Other professionals involved in my care:  (for example, Social worker, Care-Coordinator, Key worker, or advocate) |  | | |

|  |
| --- |
| What are the reasons for this referral? (what is happening now) |
| (You may want to write about the challenges you are having, any recent significant life events and the type of support you think would help you.) |

|  |
| --- |
| Is there anything else you would like to tell us? |
|  |

|  |  |
| --- | --- |
| Date of Referral: |  |

**Consent**

Individuals **must** give consent for their details to be held on the register. Giving consent means professionals from services across health and social care are able to discuss your situation and work together to improve things for you.

**By giving consent you are also consenting to a referral to the Keyworker Service, if we think this would be helpful, they will contact you if this referral goes ahead.** Keyworkers work with individuals and their families or carers to help them work with the professionals and get the right support.

If you are unable to make or understand these decisions yourself or are under 18, we can accept referrals from the person who has responsibility for caring for you but will ask a professional to check that this is the right decision for you. Parents/carers must provide consent for children to be added to the register.

|  |  |  |  |
| --- | --- | --- | --- |
| **Consent 1: Adult** I am over 16 years of age and hereby provide consent for my details to be added to the Dynamic Support Register and for my information to be shared with the organisations/classes of organisations detailed above for the reasons set out in this form. | | | |
| Name: | | Date: | |
| Signature | | | |
| **Consent 2: Child (Under 16)** I am the child’s parent/carer/guardian and hereby provide consent for his/her details to be added to the Dynamic Support Register and for their information to be shared with the organisations/classes of organisations detailed above for the reasons set out in this form. | | | |
| Name: | | Date: | |
| Do you hold parental rights? | Yes / No | Do you live at the same address as the child? | Yes / No |
| Signature | | | |
| **Details of person making referral: Adult (16+ Without Capacity)** I am the lead carer/care provider and confirm they are unable to make this decision for themselves as they do not understand the purpose or implications of being referred to the DSR. I understand a professional will speak with them to confirm this is true and that it is in their Best Interest to proceed. | | | |
| Name: | | Date: | |
| Signature | | Contact Details | |

We will acknowledge your request within 5 working days of receiving the request.

You are entitled to change your mind about this consent.

|  |  |
| --- | --- |
| Please return this form to:  [**Bswicb.dsr.self-referrals@nhs.net**](mailto:Bswicb.dsr.self-referrals@nhs.net) |  |