

Asking for your consent for staff to support you at Seven Steps Support Ltd

Full Name: > _____

1 Sharing of confidential information with relevant professionals, Advocates and Family



I give my consent for staff to share information relating to my health and well-being with relevant professionals (e.g. GP, Dentists, Hospital, Physio, Podiatry, Psychiatry).

I give my consent for staff to share information relating to my health and well-being with relevant members of my close family, Appointees or advocate.

To be informed on each occasion prior to confidential information being shared with relevant professionals and permission sought.

I understand I have the right to withdraw my consent at any time without reason.

Yes

No

Signed: >

Date: >

2 Support me to get medical treatment



I give my consent for Seven Steps to support me to get treatment where and when required in line with my support plan. This may be from a GP, Consultant, Dentist or other medical professional. Any treatment I may require must be explained to me first, clearly and in a manner I understand using appropriate communication methods.

Yes

No

Signed: >

Date: >

3 Consent to enter my bedroom



I give my permission for Seven Steps assistants to enter my room to assist me in cleaning my bedroom or for personal supports at my request.

I give consent to Seven Steps entering my room to clean (If I am unable or unwilling to assist at the time). For anyone to always knock first and wait to be invited in.

I understand that in an emergency, Seven Steps assistants may need to access my room in my best interests.

I understand that I have the right to refuse and withdraw my consent at any time and without reason.

Yes

No

Signed: >

Date: >

4 Consent to administer my medication



I give consent for Seven Steps assistants to store and administer my medication to me. Medication will be stored in my room and any additional in the medication cabinet.

Yes

No

Signed: >

Date: >

5 Consent to support me with my money



I give permission for Seven Steps to look after my money. It will be kept in a locked tin in a locked cupboard and assistants will support me with my finances in line with Seven Steps policies and procedures and the wishes of my appointees if applicable.

Yes

No

Signed: >

Date: >

6 Consent to take and use my photographs



I give consent for my photograph to be taken and used by Seven Steps for use in

- My Care plan
- Marketing information
- Good news stories on social media

Yes

No

Signed: >

Date: >

There is an overarching **DoLS** in place for consent to care and treatment
dated: > _____

I agree / do not agree to consent on Behalf of > _____
for the points mentioned in this *3-page document*, listed again below:

1. **Sharing of confidential information with relevant professionals, Advocates and Family.**
2. **Support me to get medical treatment.**
3. **Consent to enter my bedroom**
4. **Consent to administer my medication**
5. **Consent to support me with my money**
6. **Consent to take and use my photographs**

Full Name: > _____

Relationship if applicable: > _____

Sign: > _____

Date: > _____