

Please return this form to: BEH-tr.EnfieldCAMHSHEART@nhs.net

The HEART Team’s revised guidelines require the consent form to be signed by the young person (for clients over the age of 14) or signed by the foster carer(s) (if the referral is for foster carer support).

Please note, for children under the age of 14 you will need to obtain verbal consent from the child and document this within the contents of the referral form. Also, a clear reason for referral will need to be included, in order to have a focus for the work.

Consent is vital, as children/young people/foster carers need to be aware of and be committed to therapy. It may have a negative effect on the therapeutic relationship if they are contacted by HEART and have no knowledge of the referral.

There will be no NHS clinical responsibility for the case, until the relevant signatures/verbal consent has been obtained.

**CONSENT FORM**

**Name of Young Person:**

**Date of Birth:**

**Name of Foster Carer/Guardian:**

**Name of Social Worker:**

**Date of Consent:**

**CONSENT TO TREATMENT**

*I agree:*

* To attend appointments for my emotional well-being
* To discuss an ongoing plan of assessment and treatment
* To discuss any risks and agree the purpose of the treatment plan.

*I understand that:*

* I am not obliged to give consent and, if I do not, this will not affect any future treatment on the NHS.
* I can withdraw from treatment at any time, but it is best for me to discuss this with my clinician first.

*Foster carer/Guardian for children under the age of 14 to countersign their agreement to the above consent to treatment OR to sign on the child/young person’s behalf.*

*Child over the age of 14 to sign to the above consent to treatment.*

Signed: Foster Carer/Guardian 🗆

Signed: Child/Young person 🗆

Signed: ………………………………………………………………………………………………………. Social worker 🗆

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As part of our work with a child or young person and their family, it is often helpful to contact other professionals involved. We are asking for your consent to allow us to request and share information with these services where necessary.

We are required to keep your GP informed about your contact with this service.

Signed: Foster Carer/Guardian 🗆 Young person 🗆 Social Worker 🗆

Name: