

# Consent Forms



## Personal Details

Your Full Name:	Date of Birth:
Your Address:	
Phone Number:	

Parent/Supporter/Decision Maker Name (if applicable)				
Relationship	Parent	Supporter	Decision Maker	Other
Telephone (Home):	Mobile:	Work:		

## Informed Consent

**Explanation:** Informed consent is for individuals, families and decision makers to acknowledge they have received, read or been given an explanation for the below documentation. Please tick and initial the boxes confirming you have received and understood the information.

Tick	Information	Initial	Tick	Information	Initial
	YCS Information			Feedback Policy	
	Community Access Policy			YCS Fees Policy	
	Medication Policy			Service Agreement	
	Privacy and Confidentiality Policy			PCP Process	

## Permission to store Information

**Explanation:** YCS requires permission to store personal information. This form provides consent from the Individual, family, decision maker or supporter to store collect and confidentially store it.

Storage Options	Initial	Initial
	YES	NO
I acknowledge that in order to provide appropriate supports YCS need to collect and store personal information regarding this support, myself and any other relevant documentation.		
I give my permission for YCS to store information about me for use in the delivery of my specific support.		
I understand that my personal details will be kept confidential and not shared with any other organisation without my expressed written permission. Further, YCS commits to keeping my information in a locked space which only staff with whom I have direct contact will be able to view.		
Personal information will be held as paper copies for a period of 5 years. After this time, it will be scanned, held electronically and the existing paper copies will be confidentially shredded.		

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## Release of Information and Multimedia Consent

**Explanation:** This form is to gain consent from the Individual, family or decision maker to release personal information to specified persons or Organisations. It is also asking for consent to take and release photographs or video of you or work you have participated in.

Multimedia Options	Initial	Initial
	YES	NO
Take and retain photographs, videos, or sound recordings of the individual. These images and relevant information may be used in external communication, multimedia releases, social media and on the YCS website for the purpose of providing information and/or publicity for YCS.		
Take internal photographs specifically for the use in day services or evidence of outcomes delivery. These will not be used for external communication and/or media releases or publicity.		
I agree that any work, sculpture or drawings I have participated in creating may be used for display, exhibition or YCS promotion until such time as I withdraw my consent or request the work to be returned.		
I acknowledge that I have no copyright claim in any publication, production or presentation that includes either my image or work.		
I understand that printed material where I had previously given consent shall not be withdrawn from circulation if I subsequently withdraw my consent. However, I understand it will not be <b>reprinted</b> once consent is withdrawn.		

Release of Information Options	Initial	Initial
	YES	NO
I authorise you to <b>release</b> personal information to: <i>(please cross out those you don't wish to share information with and list additional person or organisations)</i> Government bodies / Medical Persons / Authorities / Emergency Services / Other Service Providers Other:		
Obtain my personal information from : <i>(please list persons or organisations)</i>		

## Permission to Administer Medication

**Explanation:** This form is to gain consent from the Individual, family or decision maker to administer medication and to seek medical services (including ambulances) in the event of an emergency.

Medication options	Initial	Initial
	YES	NO
I give my consent to YCS medication trained staff to administer or apply all correctly identified, packaged or labelled medication that I require in line with the YCS medication policy.		

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Medication options	Initial	Initial
	YES	NO
I state that I am able to safely store and administer my own medication. I <b>DO NOT</b> need any support from YCS staff.		
I give my consent to YCS to take me to a GP or emergency department in the event of an emergency.		
I give my consent to YCS to call an ambulance in the event of an emergency.		

## Permission to Participate in Community Access and Water Based Activities

**Explanation:** This form is to gain consent from the Individual, family or decision maker to access the community and engage in water based activities.

Activity Options	Initial	Initial
	YES	NO
I give my consent to YCS to take me into my community and participate in organised and relevant activities.		
I authorise YCS to conduct a risk assessment on both the venue of my choosing and my probable interaction in that space.		
I authorise YCS to support me in water based activities that are risk assessed for both the venue and my participation level.		
I give my consent to YCS to carry with them during these activities, my personal information (in a locked bag) so that I can be supported in the event of an emergency.		
I give my consent to YCS staff to transport me in a private vehicle providing the driver has full comprehensive insurance and is insured for work purposes.		

## Permission and Consent

**Explanation:** This is where the Individual, family or decision maker are signing to give consent and permission to the above requests.

I recognize that I am giving my consent to all the above where I have indicated “yes” and I am stating that I have understood what is required of me and the information I have been given.

<b>Name</b>	
<b>Signature</b>	
<b>On Behalf of (if applicable)</b>	
<b>Date</b>	
<b>Date renewal due</b>	

**Thank you for choosing Your Choice Supports**

For office use only			
Received by:		Date received:	
Copies made and distributed as indicated below by:			

3 copies of this form are to be made so that the original is kept with the Individuals profile and a copy with each of the Medication Case and CAS profile. A copy is also to be provided to the Individual.