[Name of service provider] Consent Form	
Name of person	
Consent to: (For Example, consent to care plan, consent to share information etc)	
Background to reason consent needed	
Complete either A or B **Statement of Consent**	
A	
I do / do not consent (delete as appropriate)	
Name:	Signature:
Date:	
B	
The person's capacity has been assessed and they have been found to lack mental capacity to consent. (Attach and reference the separate dated capacity assessment) A best interest decision has been made on their behalf lead by-	
B.1- A nominated legal decision maker- e.g. POA/Court deputy (Where there is a POA there should be a copy of the documentation available. For non-financial decisions, this needs to be POA for welfare)	
I do / do not consent (delete as appropriate)	
Name:	Signature:
Legal Power:	Date:
or	
B.2 – there is no nominated decision maker	
Best Interest Decision **It is in the person's best interest to consent/not to consent to [Name of service provider]** Further comments	
Details of who was involved in the decision	
Decision maker name:	Signature
Role of Decision Maker	Date