Services Consent Form 2024

Print Name_____

Address: _____

_____

I would like to receive services from Alzheimer's Society.

√ I understand that Alzheimer's Society will need to know some information about me in order to support me.

√ The way that my information will be used has been explained to me.

√ I agree for Alzheimer's Society to contact me to ask for my opinion of the services I receive, and to use the information to improve those services.

√ I understand that the law may require Alzheimer's Society to disclose information about me if there are concerns for my safety and wellbeing.

√ I understand that, where services are delivered by Alzheimer's Society in partnership with others, information on me may be shared with partners in order to provide this service.

I understand that Alzheimer's Society complies with the General Data Protection Regulation (GDPR) and will keep my personal data secure.

I may be contacted occasionally so that Alzheimer's Society can check that my personal data is correct and up-to-date

I understand that Alzheimer's Society will keep my information confidential and not use it for anything except delivering, managing and evaluating services.

Signed:_____Date:__/__/_____

Or, for carers/representatives:-

I have a reasonable belief that the named person lacks the capacity to consent to receiving a service from the Alzheimer's Society.

AND

I believe that it would be in the best interests of the person to receive the service. In reaching this decision I have involved the person as fully as possible in the decision and considered:

- the potential benefits and any risks to the person of receiving the service
- the person's past and present wishes and feelings
- any of the person's beliefs and values likely to influence the decision
- the views of others with an interest in their care (where applicable)

Carer/representative:

Signed:_____ Date:

Print Name:_____