

**Dunstan Court
Wulfstan Way
Cambridge
CB1 8QD
01223 241330**



Tenants Name	
Flat no.	
Date	
My Care and Support documents I feel in control and involved in actively planning and completing my Care and Support plan which includes the documents listed below; ➤ Tenant risk assessments ➤ Flat risk assessments ➤ Care Plan Review ➤ Care Grid ➤ Medication risk assessments (where applicable) ➤ Restrictions record/best interest (where applicable)	
Agreed points of contact – see front cover of care plan Conversation had with _____ on who is deemed to have capacity. _____ has given CHS the names and addresses of the nominated people we may contact or who may contact us, regarding their care and wellbeing.	
Consent to share information I am happy for information about me to be shared with other professionals involved in my care and support needs, this may include: ➤ My family ➤ My care and or support workers ➤ My GP ➤ CQC ➤ Local Authority I understand I have the right to change my decision at any time. I understand these documents are necessary for my needs to be met; I also understand my right to view this document at any time. I have been made aware of the new Data Protection legislation and have access to further information if required.	
Signed	
Date	
Third party (if required) To be completed by a third party with the legal right to make decisions on their behalf if appropriate:	
Signed	
Name	
Date	
Address	