**Remote Observations - Resident Consent Form**

Permission / consent to allow authorised Care Home staff record my observations and share them with Healthcare Professionals

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Care Home name | |  | | | | | | | |
| Resident’s name | |  | | | | | | | |
| Resident’s date of birth | |  | | | | | | | |
| One of the next three sections needs to be fully completed and signed  **Resident** | | | | | | | | | **Tick** |
| I am the resident | | | | | | | | |  |
| I have read and understood the information leaflet | | | | | | | | |  |
| I wish the Care Home record my observations and share them with Healthcare Professionals for the purposes of my direct care. | | | | | | | | |  |
| Name |  | | | | Date | |  | | |
| Signature |  | | | | | | | | |
| How was consent given / taken | | | Written |  | | Verbal | |  | |

*If the resident does not have capacity to give consent, then consent in the Resident’s best interests can be sought from next of kin, resident’s advocate or Power of Attorney for Health or Care Home Manager*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Advocate** | | | | | **Tick** |
| I am the resident’s next of kin or person with legal power of attorney for health | | | | |  |
| I have read and understood the information leaflet. I agree for the authorised care home staff to take and record observations and share them with Healthcare Professionals for the purposes of direct care of the resident named overleaf | | | | |  |
| Name |  | Relationship to Resident | |  | |
| Signature |  | | Date |  | |
| **Care Home Lead / Best Interests Decision** | | | | | **Tick** |
| I am the Care Home Manager / Lead of the resident’s Care Home | | | | |  |
| I have read and understood the information leaflet. I agree for the authorised care home staff to take and record observations and share them with Healthcare Professionals for the purposes of direct care of the resident named overleaf in the best interests of the resident.  The decision is made having satisfied the necessary elements of the Mental Capacity Act 2005. The individual is impaired, and the impairment affects their ability to make the decision. The decision is congruent with any previously expressed wishes and preferences and is made in their best interests. | | | | |  |
| **Signed on behalf of the resident named in the Resident section of this form.** | | | | | |
| Name |  | | Date |  | |
| Signature |  | | Role |  | |