**For young people aged 16 years and older**

**Decision making: Mental Capacity**

**For Education, Health and Care Needs Assessments and Transfer Reviews, Enhanced Annual Reviews and Annual Reviews of EHC Plans**

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| The Mental Capacity Act 2005 is a law that protects and supports people who do not have the ability to make decisions for themselves. The Act applies to young people aged 16 years and over in England and Wales.All young people of this age must sign this form, or mark it with their sign, or have it completed by whoever is supporting/representing them.Young people might want their parent or carer, school or college to help them to fill out this form. They should be encouraged to have independent support where appropriate. |

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| **Name of Young Person** |  |
| **Date of Birth** |  |

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| **I can make all my own decisions****about my education or training (Yes/No)** |  |
| **I can make some decisions** **about my education and training (Yes/No)** |  |
| **Someone else helps me to make my decisions (Y/N)**  |  |
| **Their name is** *(insert name/s, relationship and contact details below )* |
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| **I want someone else to act for me in relation to my education and training, taking into account my views at all times (Yes/No)** |  |
| **Their name is *(****insert name/s, relationship and contact details below )* |
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| **Signed** *(name of young person)* |  | **Date** |  |
| **If you are signing this form on behalf of the young person, please state your name and the capacity in which you are signing (e.g. Parent/Carer, independent supporter, Deputy appointed under Court of Protection etc.)** |  |

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| **Deputyship under the Court of Protection** |
| Someone else has been granted deputyship under the Court of Protection to make decisions on my behalf in relation to *(please tick)* |
| Financial matters |  |
| Healthcare and welfare matters |  |
| Financial, healthcare and welfare matters |  |
| **Deputy details** |
| **Name** |  | **Telephone** **Number** |  |
| **Postal address** |  | **Email** |  |
| **The Local Authority will require proof of deputyship. Please confirm that this is attached. (Y/N)** |  |

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| **Information sharing and how we will use your information** |
| Information from external services will be sought to inform decision making in relation to this Education, Health and Care Assessment and any EHC Plan that may result. Young people who have reached the end of the academic year in which they are sixteen must give consent for themselves, if they have the mental capacity to do so. All young people of this age are also required to complete the mental capacity form above. We may share information with other council departments or external organisations in order to undertake our functions as a Local Authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else, or use information for another purpose unless the law allows us. If you want to know more about how your information is used, visit [www.barnet.gov.uk/privacy](http://www.barnet.gov.uk/privacy) Please sign below to indicate that you have read and understood this statement |
| **Signed** |  | **Date** |  |
| **If you are signing this form on behalf of the young person, please state your name and the capacity in which you are signing (e.g. independent supporter, Deputy appointed under Court of Protection etc.)** |  |