# Consent Declaration Template

I confirm that I have willfully participated in the method used to collect the information in this document. I also confirm that my consent is explicit, fully informed and freely given for the purposes of the care activities to be commenced.

I hereby consent to the full disclosure of this document to health professionals and other authorised persons who will participate in the planning, implementation and/or monitoring of my care activities.

**Client details**

|  |  |
| --- | --- |
| Name |  |

**Details of person who completed this form**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date signed |  |

End of Consent Declaration Template