|  |  |  |
| --- | --- | --- |
| **Name:** | | **Completion Date:**  **Completed by:** |
| **Support Need:** | | **Protocol No:** |
| **Please record how decisions and choices have been made. If decisions / choices are made in the person’s best interest, please record how this decision was reached.**   |  |  |  | | --- | --- | --- | | **Tick one – please note that this can change** | | | | Has capacity and can make choices / decisions for themselves |  |  | | Has the capacity to make some choices / decisions for themselves |  | | Lacks capacity and decisions are made for them on a “Best Interest” basis |  | | | |
| **To carry out this protocol you will also need to read:** | | |
| **Intended outcome:** | | |
| **Step by step direction** | **Detailed instructions** | |
|  |  | |