|  |  |
| --- | --- |
| **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 |  |

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| **To carry out this protocol you will also need to read:**  |
| **Intended outcome:** |
| **Step by step direction** | **Detailed instructions** |
|  |  |