

Consent form

(Creditor version)

To use with the Debt and Mental Health Evidence Form (Version 4)

Why have I been given this form?

We have given you this form because you:

- told us that you have a mental health problem; and
- said this mental health problem makes it difficult to repay your debt.

We have suggested that:

- evidence is collected about your mental health situation; and
- this is collected from a health or social-care professional who knows you (you can choose the professional).

The evidence will be used:

- by the company that you owe money to;
- to help them decide what to do about your debt.

What should I do with this form?

You should:

- 1 read this form** – it contains important information;
- 2 sign this form** – if you agree that evidence can be collected; and
- 3 follow the instructions** on what to do next.

If someone else looks after your money matters, they can sign this form for you.

(They will need to prove they are legally allowed to sign for you.)

Read me: important information

1

What evidence will be collected about me?

- Once you choose a health or social-care professional, they will be asked:
 - if you have a mental health problem that affects your ability to manage your money; and
 - whether they wish to provide any further information about your mental health situation.

Who will collect this evidence?

- You will need to collect the evidence.

How long will my evidence be kept for?

- The Data Protection Act (2018) says it can be kept for as long as it is:
 - an accurate description of your situation;
 - relevant for the type of decisions that need to be made; and
 - up to date.
- If your information isn't accurate, relevant, or up to date, it should be destroyed.

Sign below if you agree that evidence can be collected

2

A Are you the person with mental health problems?

If yes, please write your contact details below.

BOX A

Name:

Address:

Phone:

B Are you filling in this form for someone else?

If yes, please write their details in Box A and your details in Box B below.

BOX B

Name:

Address:

Phone:

Please attach to this form a photocopy of your authority to act on this person's behalf.

C Please sign this form. Only sign this form if you agree that evidence can be collected.

I agree that a health or social-care professional can fill in the Debt and Mental Health Evidence Form about the mental health of the person named in Box A (above).

Signature:

Print name:

Date:

Follow the instructions below

3

Decide which health or social-care professional to ask for evidence.

This is your choice. You can ask a social worker, nurse, general practitioner (GP), psychiatrist, psychologist, occupational therapist, mental health therapist, or another qualified professional.

Then follow these steps:

Please give your health or social-care professional:

- a signed copy of this Consent Form;
- a Debt and Mental Health Evidence Form (blank, not filled in); and
- the envelope that came with these forms.

The health or social-care professional will decide whether to complete the Debt and Mental Health Evidence Form.

What happens next?

The health or social-care professional will fill in the Debt and Mental Health Evidence Form. They will send this to the company who gave you these forms.

Then what?

The company will send a copy of the filled in Debt and Mental Health Evidence Form to you. If you owe money to other companies, make sure you send a photocopy of the filled in evidence form to them. They need to know about your situation.

Debt and Mental Health Evidence Form (Version 4)

Only a health or social-care professional should fill in this form

This form has been given to you because the person named opposite:

- is in debt to one or more creditors; and
- has said they have a mental health problem that affects their ability to repay or communicate with their creditor.

You have been identified by this person as:

- a health or social-care professional who knows them; and
- a professional who could provide evidence about their mental health situation.

They have given their consent for you to fill in this form (enclosed)

Your evidence could really help the person's health and wellbeing.

- It will help creditors to take relevant mental health problems into account.
- This could improve the person's financial situation and mental health.

Person's full name

Date of birth

Address

Advice / creditor organisation

Organisation:

Reference number:

Can you help this person? It will take just three steps:

Step one:

Please complete the form.
THE INFORMATION THAT YOU
INCLUDE WILL BE SHARED WITH
THE PERSON NAMED ABOVE.

Step two:

Please sign, date and stamp
the form.

Step three:

Please return this in the envelope
provided. If there is no envelope,
return the form to the person
named above.

Q: Does the person have a mental health problem(s)?

Yes

No

IF NO: Please sign, date, stamp, and return the form.

IF YES: Please write the name of the mental health problem(s) below (in block capitals).
Then date, sign, stamp, and return the form.

Optional: If you wish to provide further information about the person's situation, please do so overleaf.

Signature:

Print name:

Relationship to the person named above (please tick box):

- Social worker Mental health nurse General Practitioner
 Psychiatrist Psychologist Occupational therapist
 Mental health therapist Other (please give details below)

Date:

Organisation or service stamp

SUPPLEMENTARY INFORMATION (OPTIONAL)

If you can, please provide further information about the person's situation.

Along with other information, this will help inform the creditor's decision about what action to take.

How does the mental health problem(s) affect their ability to manage money?

For example: condition specific difficulties; concentration, motivation, memory difficulties; time spent away from home (e.g. inpatient admission); or receiving help from another person to manage their money.

How is the person's ability to communicate affected by their mental health problem(s)?

For example: difficulties with communicating, understanding, or types of communication that the person avoids/prefers (telephone, text messages, email, letter, or in person).

Is there anything else you can tell us that would help the person (severity/duration; relevant treatment; whether in crisis)?

For example: condition severity or duration, any relevant treatment being received, or whether the person is in a situation of mental health crisis.

Note to creditors: this information is specific to the person named on this form. It should take priority over general information about mental health problems, or generic guidance on using information from the DMHEF.

This version of the Debt and Mental Health Evidence Form was agreed by the British Medical Association, Department of Health and Social Care, Money Advice Trust, Money and Mental Health Policy Institute, Money Advice Liason Group, Royal College of Psychiatrists and UK Finance. For more information, please visit: www.moneyadvicetrust.org/dmhef