

Consent Form

Collecting your personal and special data

To enable us to provide a service to you, we need to collect, record, and use some of your **personal data**. This will include identifiable information about you – your name and address and brief notes on the key points from each contact you have with Healthwatch West Sussex services. To make sure that we fully understand your needs we may need to ask you questions about your health condition. We may ask you for info known as '**special category data**', which is ethnicity / health issues and communication needs.

To comply with the Data Protection Act (2018) and UK GDPR, we must ask for your permission to store, share and process your personal and special data for this purpose. If you do not want Healthwatch West Sussex to record and use your personal information, we can help you as best we can in the form of general anonymous information provision, but access to Healthwatch West Sussex Services for ongoing support will not be possible.

- Yes, I understand that Healthwatch West Sussex will hold and use personal information about me.
- Yes, I agree to Healthwatch West Sussex holding information on my health.
- Yes, I agree to Healthwatch West Sussex holding information on my special category data.

Name:

Address:

Preferred pronouns - he/his, she/her, they/them or other (please specific):

NHS Number (if known):

Date of birth:

STAFF ONLY

Where written consent cannot be obtained, record date verbal consent was given by the person requiring support.

Date

Staff name:

Acting on your behalf

There are times when we may need to communicate with organisations or other people on your behalf to progress your health complaint advocacy support. We will need your consent to do that. Please confirm your consent below for us to hold information about you and for us to act on your behalf.

I give my consent to Healthwatch West Sussex to retain, disclose, seek and receive information held about me to and from any relevant third party, and if appropriate, to provide me with advocacy support for my health complaint.

Signed

Date

Interaction Number:

Home phone:

Mobile:

Work phone:

May we leave a message on the numbers provided? Yes No

Email:

Do you have any information or communication support needs? Yes No

If yes, please state your needs so we can action any support you need:

Equality information

White	Asian	Mixed	Black/Other
<input type="checkbox"/> British	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African
<input type="checkbox"/> Irish	<input type="checkbox"/> Chinese	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Traveller	<input type="checkbox"/> Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Arab
<input type="checkbox"/> Other	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Other		

Do you have any disabilities or health issues? Yes No

If yes, please give a short description on issue(s):

Gender

We want to make sure our service meets your needs and to improve our services, we may want to contact you at a later date for feedback about your service experience or invite you to participate in a service evaluation. **Please tick the box below if you agree to us getting in touch. You can change your mind at any time.**

Yes, I agree to being contacted by Help & Care about my service experience through feedback or service evaluation. I am aware that I can change my mind at any time.