



Consent Form

July 20

Introduction

We will need to hold some personal information in order to support you in your health complaint journey. We will keep this information confidential and you may ask for a copy of it at any time. Any information will be stored in compliance with the requirements of the General Data Protection regulations (GDPR) (from 25 May 2018) and the Data Protection Act 2018.

All the information provided by you will be stored on a secure database and will be used only to support you with your health complaint and as per our Service Agreement. If there are any parts of the form that you do not wish to answer, please just leave them blank. You have the right to ask for this information to be removed at any time.

First name(s):	
Last name(s):	
Title:	Date of birth:
Address:	
Postcode:	
Home phone:	Mobile:
Work phone:	
May we leave a message on the numbers you have provided: Yes / No	
Email:	

Please give details of any communication or information needs you have, so we can support you in the most appropriate way.

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	
British		Bangladeshi		Caribbean		African	
Irish		Chinese		African		Caribbean	
Traveller		Indian		Asian		Arab	
Other		Pakistani		Other		Other	
		Other					

Disabilities or health issues: Yes / No

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

Gender?

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: