

Healthwatch Calderdale consent form

In order to support you with your issue we may need to speak to other people. We will need your consent to do this.

I agree that workers from Healthwatch Calderdale may communicate with the organisation(s) and people named below about my issue. I agree that information relating to my advocacy issue may be shared with other workers in Healthwatch Calderdale.

| | |
|-----------------------|--|
| Organisation / Person | |
| Organisation / Person | |
| Organisation / Person | |
| Organisation / Person | |

Signature: _____ Date: _____

Your name (Please print): _____

If you are unable to sign this consent form, please ask the person helping you to fill it in, to tell us their name and the reason why you can't sign it below.

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If you want someone you know to help you speak to your NHS Complaints Advocate, or give us information about you, we need you to give your consent.

I would like the person(s) named below and my NHS Complaints Advocate to share information about my NHS complaint advocacy issue.

Named person/s: _____

Your signature: _____ Date: _____

We also need your consent to store your personal information securely to assist with your complaint. This in line with the Data Protection Act and General Data Protection Regulation. Further information can be provided upon request.

Signature: _____ Date: _____

Your name (Please print): _____