**Independent Health Complaints Advocacy Service**

Client consent form – why we need your consent

To allow us to support you with your complaint we need signed permission from **You** or **The Patient**, where you are complaining on behalf of another person.

This will allow us to act on your behalf and receive all relevant information about the complaint.

Communications between you and The Advocacy People are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g.

* you tell us something which leads us to believe you or someone else may be at risk of serious harm or abuse or committing a serious criminal offence
* where there is a court order for disclosure
* where we would be breaking the law by failing to disclose.

By requesting advocacy support, you give consent to The Advocacy People sharing information, as required for the purposes of providing the service. For more information on our Privacy Policy, please ask your advocate or go to [www.theadvocacypeople.org.uk/privacy](http://www.theadvocacypeople.org.uk/privacy)

1. **Personal Details**

|  |  |
| --- | --- |
| **Name**  |  |

|  |
| --- |
| **Address** |
| **Postcode** |

|  |
| --- |
| **Date of birth** |

**2 Are you making the complaint for…**

[ ]  yourself? – go to Section 7

[ ]  someone else? – go to Section 3

**3 Patient Details (if applicable)**

The patient must consent to the complaint or be incapable of giving consent

|  |
| --- |
| **Name** |

|  |
| --- |
| **Date of birth** |

**4 Your relationship to patient**

|  |
| --- |
|  |

**5 Is the patient capable of giving consent?**

|  |
| --- |
|  |

[ ]  **No** - please specify (e.g. deceased, lacks mental capacity etc.) and **go to Section 7**

[ ]  **Yes - go to Section 6**

**6 Patient consent**

|  |
| --- |
| **Signature**  |
| **Date of consent** |

**7 Complainant consent**

|  |
| --- |
| **Signature** |
| **Date of consent** |

By signing, the patient/complainant authorises us to

* act on your behalf,
* receive all relevant information,
* ask others to deal with your advocate as though with yourself

You must provide a handwritten signature.

If filling in electronically, please print the completed form and then sign.

**Your contact details**

|  |  |  |
| --- | --- | --- |
| **Tel:** | **Mobile:** | **Email:** |

**Equality and Diversity – complainant**

**Ethnicity**

[ ]  Arab

[ ]  Asian or Asian British - Bangladeshi

[ ]  Asian or Asian British - Chinese

[ ]  Asian or Asian British - Indian

[ ]  Asian or Asian British - Pakistani

[ ]  Asian or Asian British - Other

[ ]  Black or Black British - African

[ ]  Black or Black British - Carribean

[ ]  Black or Black British - Other

[ ]  Mixed - White and Asian

[ ]  Mixed - White and Black African

[ ]  Mixed - White and Black Carribean

[ ]  Mixed - Other

[ ]  White British

[ ]  White Gypsy or Irish Traveller

[ ]  White Irish

[ ]  White - Other

[ ]  Other ethnic group

[ ]  Prefer not to say

**Gender**

[ ]  Female

[ ]  Male

[ ]  Transgender (male to female)

[ ]  Transgender (female to male)

[ ]  Other

[ ]  Prefer not to say

**Sexual Orientation**

[ ]  Bisexual

[ ]  Gay Man

[ ]  Heterosexual

[ ]  Lesbian

[ ]  Questioning

[ ]  Other

[ ]  Prefer not to say

**Military Connection**

[ ]  Yes, Serving

[ ]  Yes, Veteran

[ ]  Yes, Carer relationship

[ ]  No

[ ]  Prefer not to say

**Marital or Civil Partnership Status**

[ ]  In Civil Partnership

[ ]  Co-habiting

[ ]  Divorced or Civil Partnership Dissolved

[ ]  Married

[ ]  Separated (but still legally married / in Civil P.)
[ ]  Single

[ ]  Surviving partner of Civil Partnership

[ ]  Widowed

[ ]  Prefer not to say

**Disability**

[ ]  Not considered to have a disability

[ ]  Acquired Brain Injury

[ ]  Autism Spectrum Condition

[ ]  Cognitive Impairment

[ ]  Dementia/Alzheimer’s

[ ]  Learning Disability

[ ]  Mental Health Condition

[ ]  Physical Disability

[ ]  Sensory (Hearing)

[ ]  Sensory (Sight)

[ ]  Serious Physical Illness

[ ]  Unconsciousness

[ ]  Other

[ ]  Prefer not to say

**Religion**

[ ]  Buddhist

[ ]  Christian (all denominations)

[ ]  Hindu

[ ]  Jewish

[ ]  Muslim

[ ]  Sikh

[ ]  No Religion

[ ]  Other

[ ]  Prefer not to say

**Please return this form**

**By post:** PO Box 375, Hastings, TN34 9HU

**By Email:** info@theadvocacypeople.org.uk

**(You must scan the signed form before e-mailing)**