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**CONSENT / ENGAGEMENT FORM**
NHS Health Complaints Advocacy Service

Please tick the relevant box and return the form to SILC using the contact details below.
**Email:** nhsadvocacy@surreyilc.org.uk
**Post:** SILC, Astolat, Coniers Way, Guildford, Surrey, GU4 7HL

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|  | **I no longer wish to pursue my complaint.** |
|  | **I do not require advocacy support** **to pursue my complaint.** |
|  | **I would like the support of an advocate.** I hereby authorise Surrey Independent Living Charity (SILC) to work with me and to request, hold and process any information as may be relevant to my complaint. I ask that any NHS representatives deal with my advocate as if they were dealing with me personally. I understand that anonymised details of my complaint may be shared with Healthwatch and those responsible for health and social services in Surrey and may be used in Healthwatch reports and publications to help influence the way services are delivered in the future. |
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Please see SILC’s privacy notice for more information <https://www.surreyilc.org.uk/privacy/>

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| **PART 1 – To be filled in by the person making the complaint:** |
| **Name** |  | **Date of birth** |  |
| **Address**(including postcode) |  |
| **Signature** |  | **Date signed** |  |
| **PART 2 - If you are the person making the complaint, but you are not the patient, please also complete the following:** |
| **Patient’s name** |  | **Patient’s date of birth** |  |
| **Has the patient agreed to this complaint proceeding?** | **Yes / No / Deceased / Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please circle or delete as appropriate) |
| **Patient’s address if different from yours** (including postcode) |  | **Your relationship to patient** |  |
| **Patient’s signature** |  | **Date signed** |  |

**Please note that signatures should be handwritten (not typed). If unable to physically sign, there may be other ways of providing consent, e.g. giving verbal consent to our staff who then signs the form on your behalf.**