**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

**8 Your contact details**

**Telephone Number:**

|  |
| --- |
|  |

**Mobile Number:**

|  |
| --- |
|  |

**Email Address:**

|  |
| --- |
|  |

**9 Equality and Diversity – complainant**

**Gender**

Female

Male

Transgender (male to female)

Transgender (female to male)

Other

Prefer not to say

**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

**Sexual Orientation**

Bisexual

Gay Man

Heterosexual

Lesbian

Questioning

Other

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

**Military Connection**

Yes, Serving

Yes, Veteran

Yes, Carer relationship

No

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](mailto:info@theadvocacypeople.org.uk)

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