

**Section 6:** Consent form

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| The **Data Protection Act** says we need to make sure you agree that we can **keep personal information** about you.This form will be given with your consent and prior agreement to everyone with whom your advocate liaises about your complaint, to provide evidence to them that you wish the advocate to support you. **CONFIDENTIALITY STATEMENT**: Advocacy for All is a confidential service; anything that you tell us will be kept confidential unless you tell an Advocacy for All advocate something which leads them to believe that you intend to cause harm to yourself or that of another person. In this case the advocate will need to raise a Safeguarding alert and discuss the case with their line manager and Safeguarding teams who may contact you.All records are kept in accordance with Data Protection legislation |

**If you are the person making the complaint please complete and sign here:**

**Name:** …………………………………………………………………………………………….

**Address:**……………………………………………………...................................................

………………………………………………………...…... **Post Code:** ………………………

**Date of birth:** ……...……./………...…./…...……….

Please sign this declaration to confirm that you would like the support of an advocate to complain about a service or treatment you received.

I authorize Advocacy for All to work with me, liaise with appropriate others with my prior agreement about my complaint, and to request, receive and hold any information as may be relevant to my complaint.

**Signature:** ………………………………………...…… Date:…………………………

**If you are making the complaint on behalf of the someone else, please fill in the following sections** **(other person to sign here if they are able)**

**Name of person complaint is about**……………………………………………………….

**Date of birth of person complaint is about**:……………………………………………...

Has the other person agreed to this complaint proceeding and you making the complaint on their behalf? **YES / NO / DECEASED**

**Person’s address (if different from yours):** ……………………………………………….

……………………………………………………………..…Post code: ………………………

**Your relationship to the person:** …………………………………………………………...

**If applicable, the other person to sign here:** ……………………………………………..