**Consent form – To be completed by the patient where possible.**

Full name of patient (Please Print):…………………………………………………………..

Address:……………………………………………………………………………………………………… ……………………………………………………………………………………………………………………. …………………………………………………………………………………………………………………….. Postcode:…………………………………………………………………………………………………….

Date of Birth:……………………………………………………………………………………………….

Your relationship or connection to person making the complaint on your behalf: …………………………………………………………………………………………………………………….

**YOUR DECLARATION** I hereby authorise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print the name of the person making the complaint) ……………………………………………………………………………………………………………………

Address of person: (if different from the above):…………………………………. ……………………………………………………………………………………………………………………. …………………………………………………………………………………………………………………….. Postcode:…………………………………………………………………………………………………….

to act on my behalf and to receive such information as may be considered relevant to my complaint. I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint, and only disclosed to those people who I have consented to acting on my behalf.

Signature of patient:……………………………………………………………………………………

Date:………………………………………….