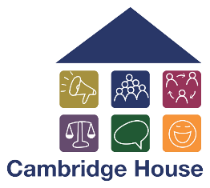
**Barking and Dagenham**

**Independent NHS Complaints Advocacy**

**Consent form**

If you require the support of an advocate this form gives us the authority to contact third parties with your consent and to discuss the matters, you raise with us. What you want shared is your decision and your data is stored safely. We hold your data in strict confidence and only non-identifiable statistics are shared with our commissioners to improve performance, develop the service, and analyse trends.

|  |  |
| --- | --- |
| **Client Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Postcode** |  |

I have requested support of an advocate to make an NHS complaint. The Advocate is from Cambridge House. My allocated advocate is: **Andrea St.Croix**

This document authorises the above named advocate to support me with the NHS complaint I wish to raise. In accordance with this, I consent to disclosure of information requested.

|  |  |
| --- | --- |
| **Client Name** |  |
| **Client Signature** |  |
| **Date** |  |

I, the patient give consent for the above named person being the Cambridge House client to act on my behalf on this matter.

(This part is only to be completed if the client is not the patient. Patient consent is not necessary if the patient is under the guardianship of the client or is unable to act in the complaint).

|  |  |
| --- | --- |
| **Patient Name** |  |
| **Patient Signature** |  |
| **Date** |  |