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**NHS Complaints Advocacy Service Referral Form**

**If you would like to refer yourself or someone else to the NHS Complaints Advocacy Service, then please complete this form and return it by post or email to Surrey Independent Living Council (SILC) using the contact details given below.**

**Email:** nhsadvocacy@surreyilc.org.uk  **Post:** Astolat, Coniers Way, Guildford, Surrey, GU4 7HL

**Contact Details**

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| --- | --- | --- | --- |
| **Full Name** |  | **Title** |  |
| **Full Address** |  | | |
| **Mobile phone** |  | **Home phone** |  |
| **Email address** |  | | |
| **Preferred  means of contact** |  | | | |
| **Nature of any impairment/disability** |  | | | |

**Referrer’s Details** (if different to the above)

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| --- | --- |
| **Referrer’s name** |  |
| **Contact number** |  |
| **Email** |  |
| **Organisation** |  |
| **Job title** |  |

**About the Complaint**

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| **NHS Provider the complaint is about** (GP surgery, hospital, mental health team, dentist etc.) |
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| **Name/position of NHS staff involved in the complaint, if known** |
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| **Referral Reason –** pleasegive description including details of specific issue/s requiring support |
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| **Date that the incident/treatment happened** (dd/mm/yyyy) |
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| **Key dates - any upcoming meetings** |
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| **How did you hear about the Advocacy service?** |
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**Consent**

In order to meet data protection requirements for providing advocacy support, SILC needs to have consent from the person making the complaint to confirm that SILC may record and store relevant information about that person, their complaint and the details of the advocacy support that is being provided.

All information will be treated confidentially and details of how SILC uses and keeps client information can be found in SILC Fast Fact 19, which is available on the SILC website. Consent can be withdrawn at any time.

We regret that we will not be able to handle referrals unless consent is provided.

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| **Please ask the person you are referring to sign here to confirm they consent to the above.  Or, if it’s you that is making the complaint, please sign yourself to confirm you consent  to the above.**  Print Name:  Signature:  Date: |

If the person cannot read and/or sign this agreement themselves, then a representative can sign on their behalf as long as they agree with the following statement:

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| I agree that I have conveyed the information in this Referral Form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  and they understand it although they may not be able to read and sign the consent section themselves.  Representative’s Name:  Representative’s Signature:  Representative’s Telephone:  Date: |