

**Regional Form of Consent for Complaint or Enquiry
To Trusts By Elected Representatives**

Trust/s: Belfast NIAS Northern Southern South Eastern Western
(please tick which HSC Trust/s consent refers to)

Service User's Full Name (i.e. patient/client):

Service User's Address:

..... **Postcode:**

Service User's Date of Birth: **Time Period referred to:**

Hospital / Facility / Service:

Declaration and Signature by Elected Representative

Please tick the correct box (one box only) and sign below:

- 1.** The above service user (patient/client) is my constituent and I am acting for him/her in my capacity as their elected representative.
- 2.** The above service user is my constituent and I am acting for him/her in my capacity as their elected representative however in accordance with the Data Protection Act 2018, as this matter relates to **sensitive personal information**, he/she has provided his/her written consent below¹ to enable the Trust to fully respond to me on this matter.
- 3.** I am acting for my constituent who is a Third party and is not the service user. The service user has signed below¹ to indicate his/her consent for me to raise the issue/s and for the Trust to provide me with a reply, which may require disclosure of personal or sensitive personal information about him/her to fully respond.
- 4.** I am acting for my constituent who is a Third party but the service user does not have capacity to consent. The next of kin/significant person has signed below² to indicate his/her consent for me to raise the issue/s and for the Trust to provide me with a reply, which may require disclosure of personal or sensitive personal information about the service user to fully respond. *(Please provide clarity and any supporting documentation as appropriate to confirm next of kin / significant person status).*
- 5.** I am acting for my constituent who is a Third party but the service user is deceased. The personal representative has signed below² to indicate his/her consent for me to raise the issue/s and for the Trust to provide me with a reply, which may require disclosure of personal or sensitive personal information about the service user to fully respond. *(Please provide clarity and any supporting documentation as appropriate to confirm personal representative status).*

Elected Representative's Signature:

..... **Date:**

(Please print name and title)

Signature of Service User¹ (or appropriate other² if service user does not have capacity or is deceased)

..... **Date:**

(Please print name also)

Relationship if above signatory is not the Service User?