

**Advocacy for All is an Independent Advocacy Organisation**

**Charity No: 1068455 Company No: 3407428**

Advocacy for All, Croydon NHS Health Complaints, Hill House, Bishopsford Road, SM4 6BL

Send your completed referral form to: croydonhealthcomplaints@advocacyforall.org.uk

**Health Complaints** **Advocacy can:**

 Help you to complain about any NHS funded service you have received

 Support you to write letters or attend meetings about your complaint

 Provide templates and guidance for you to make your own complaint

 Give you information about where and who to complain to

\*\* **You must live within the borough of Croydon** to receive Health Complaints Advocacy.

The NHS service that you complain about **does not** have to be within the **Borough of Croydon.**

**Advocacy for All**

**Croydon Health Complaints Advocacy**

**Referral & Consent Form**

**Please complete sections 1-6 on the following pages**



Find this referral form at https://www.advocacyforall.org.uk/make-a-referral/

Monday 10.00am - 3.00pm Wednesday 11.00am - 3.00pm

Thursday 10.00am - 3.00pm

Or you can ask **someone you trust to help** you

If you **need help** with this form call us on **0345 310 1812 option 4 (Croydon)**

**Section 1:** Please put **your details in this section**

\* We provide a fair and equal service to everybody.

By providing the information below you are helping us to do this.



|  |  |  |
| --- | --- | --- |
| InformationSign | Name including title Mr, Mrs, Ms |  |
|  | Address |  |
|  |  | |
| Telephone | Telephone |  |
| TextMessage | Mobile |  |
|  | Date of Birth |  |
|  | Email |  |
|  | Age |  |
| InformationSign | \*Gender |  |
|  | \*Preferred pronoun She/He/They |  |
|  | \*Ethnicity |  |
|  | \*Sexuality |  |
|  | \*Religion/Faith |  |
|  | \*Main disability, if any |  |
|  | \*Second disability, if any |  |
|  | If other, please say |  |
|  | Please tell us if you have any needs we should know about |  |
| Languages | Preferred Language: |  |
| BSL Communicate BSL Communicate | Preferred method of communication: eg Sign language, written, telephone, text |  |

**Section 2:** If you are complaining on behalf of someone else please put **their details in this section**

|  |  |
| --- | --- |
| Their name |  |
| Their address |  |
| Their telephone |  |
| Their mobile |  |
| Their email |  |
| Your relationship to the person |  |
| Has the person agreed to this complaint | YES / NO / Deceased  Other: |
| Please tell us if they have any needs we should know about |  |





**Section 3:** Complaint details

|  |  |
| --- | --- |
| **Where** - Name of NHS Service you wish to complain about |  |
| Address of service |  |
|  |  |
| **Who** - Name of NHS staff member, department etc |  |
| **When** did the incident happen |  |
| NHS number, if known |  |



Please summarise your **complaint** here:

**Section 4:** Outcomes

|  |  |
| --- | --- |
| Have you already raised a complaint? | Yes / No |
| Have you received a response? (Please provide a copy if you can) | Yes / No |
| Do you have any reference numbers? | Yes / No |
| Reference Number: | I:\lores_images\Decision.jpg |

|  |
| --- |
| **What outcome do you expect from the complaints procedure?**  (e.g. an apology, an explanation, answers to specific questions, action to put things right, an assurance that the same things won’t happen to someone else) |



**Section 5:** Privacy Statement

Advocacy for All takes information security very seriously and we are committed to protecting and respecting your privacy at all times.

**What information do we collect from you?**We may collect personal information about you when you visit our website or social media pages. We may also record it when you contact us regarding one of our services or to make a referral, for example. We will only collect necessary information to provide the appropriate service(s), and will store and process it securely.

If you do not wish to provide your personal information, please let us know. This may mean that we are not able to process your request, and we will tell you if so.

**How we use your information**The personal information you supply to us may be used in several ways. For example:

 to process a referral;

 to send you information you have requested;

 to process a job application;

 to carry out our obligations within a contract;

 to process and fulfil your enquiry.

In some cases, we are required by law to hold information to fulfil statutory obligations. However, we will only keep personal information for as long as we need to and then we will destroy it securely.

**Sharing your information**We will not share your personal information to any organisation or person outside Advocacy for All without your consent, except:

 to help prevent fraud;

 to fulfil safeguarding obligations;

 to carry out contractual obligations;

 if required to do so by law.

**Further information or Reporting a problem**For further information on how your information is used, how we maintain the security of your information and your rights to access your information, please contact us. Equally, if you have a complaint regarding how we process your personal information, please write to the **Chief Executive Officer at Advocacy for All, The Civic Centre, St Mary’s Road, Swanley, Kent, BR8 7BU.** Alternatively, you may contact the [Information Commissioner's Office (ICO)](https://ico.org.uk/).

You have the right to ask for a copy of the information that we hold about you and to ask us to make corrections. Please write to us to do this at the address above.

**Changes to our privacy notice**We keep our privacy notice under regular review and update accordingly.



**Section 6:** Consent form

|  |
| --- |
| 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:** ……………………………………………..