Belfast Health and Social Care Trust

Form of Consent for enquiry to the Trust by elected representatives

Full name of service user: _____

Address: _____

_____

_____

Date of birth: _____

Hospital/Facility/Service: _____

I hereby authorise: _____
(print name of elected representative)

to act on my behalf and to receive any and all such information as may be relevant to the enquiry. This will involve disclosing confidential or personal information on me, my care and my circumstances.

Signed: _____

Date: _____

Where the service user does not have capacity to consent, I am the appropriate person to act as their representative.

Please clarify relationship to service user: _____

Please provide the reason why the service user does not have capacity to consent and enclose supporting evidence (where applicable): _____

_____

Appropriate person's signature: _____

Please PRINT NAME: _____

Date: _____

Please return this form by email or post to:

Public Liaison Services
Corporate Communications
Nore Villa, Knockbracken Healthcare Park
Saintfield Road, Belfast BT8 8BH

E-mail: publicliaison@belfasttrust.hscni.net