**INDEPENDENT HEALTH COMPLAINTS ADVOCACY**

**SELF REFERRAL FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF THE PERSON BEING REFERRED** | | | | | | |
| **Forename:** |  | | | | **Home Address and Post Code:** |  |
| **Surname:** |  | | | |
| **Date of Birth:** |  | | | |
| **Contact no:** |  | | | |
| **Other contact No:** |  | | | | **Address and Post Code at Time of Referral (if different)** |  |
| **Email:** |  | | | |
| **Can voicemail messages be left?** | **Home** | **Y/N** | **Mobile:** | **Y/N** |

|  |  |
| --- | --- |
| **ACCESSIBILITY INFORMATION** | |
| **What is your preferred language?** |  |
| **Do you have any access needs or other requirements we should be aware of?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEMOGRAPHIC INFORMATION**  *This information is used for monitoring purposes and to signpost service users to relevant services. Any information given should be determined by the person being referred, given voluntarily, and will be stored confidentially in line with data protection laws.* | | | |
| **Gender:** |  | **Faith or Religion:** |  |
| **Ethnicity:** |  | **Sexual Orientation:** |  |

**DATA PROTECTION**

Do you consent to these initial records being stored by Gaddum?Yes  No

Are you the patient? Yes  No

If no, has the patient consented to the referral? Yes  No

Is the patient happy for us to discuss their complaint with you? Yes  No

**DETAILS OF THE COMPLAINT**

**Is the complaint about NHS funded care or treatment?**

*Please note this service can only provides support to people wishing to make a complaint about NHS treatment they received in line with NHS Regulation 2009.*

|  |  |
| --- | --- |
| Yes | No |

**Provide details of complaint and patient details if applicable**

|  |
| --- |
| * *Name and D.O.B. of patient.* * *Name of NHS organisation complaint is about (GP Surgery, Dentist, Hospital, etc).* * *Briefly explain what happened.* * *What action has already been taken to resolve the complaint?* * *What support is needed?* |

**Provide details of any forthcoming meeting dates:**

|  |
| --- |
|  |

**SUBMITTING YOUR REFERRAL**

|  |  |
| --- | --- |
| **Your Signature:** |  |
| **Date** |  |

*\*By signing you agree to Gaddum keeping this information stored on a secure electronic case recording system, computer, and paper filing system. You confirm you are providing this information and asking for this referral in the client’s best interests.*

**How to submit this referral form:**

**Via email to** [**advocacy@gaddum.org.uk**](mailto:advocacy@gaddum.org.uk)

**Or by post:**

IHCA

Gaddum Advocacy

Gaddum House

6 Great Jackson Street

Manchester

M15 4AX