

Case Reference No. 19 013 770

Consent form

READ ALOUD TO THE PERSON AFFECTED IF THEY ARE UNABLE TO READ THIS STATEMENT. THEY MUST SIGN THEIR AGREEMENT TO THIS.

IF THE PERSON AFFECTED DOES NOT HAVE CAPACITY TO SIGN THIS DOCUMENT PLEASE PROVIDE US WITH COPIES OF ANY RELEVANT DOCUMENTATION THAT DEMONSTRATES YOU CAN ACT ON THEIR BEHALF.

The purpose of this form is to obtain:

1. written confirmation that you want a third party to represent you during the investigation into your complaint; and
2. consent for us to share your personal information obtained during the investigation with your named representative.

Your right to withdraw consent

Please note that you have the right to withdraw either consent at any time; just let us know.

Your other rights

We process any personal data collected in accordance with the General Data Protection Regulation 2016 and the Data Protection Act 2018. For more information about data processing and your legal rights, our privacy statement can be found on our website: www.lgo.org.uk/privacy.

Contacting us

If you have any concerns or questions about our use of your personal data, you can raise these with us by writing to dataprotection@lgo.org.uk

1. Consent to act

This form should only be signed if you want the person named below ("your representative") to act for you in respect of this complaint. We will investigate the complaint and nothing more. The form should be witnessed by an independent third party. We may contact them to verify the information contained on this form.

I	
Address	

Give my consent for:

Name of Representative	
Address	
Tel No	
who is my:	[relationship of representative to person affected]
to act on my behalf in a complaint against:	[authority complained about]
and (where applicable) to instruct the named solicitor to represent me.	[name and address of solicitor]

2. Consent to share personal data

To investigate your complaint, we need to process your personal data.

During the investigation, we may obtain information from the organisation complained about and potentially from other third parties which may need to be shared with your representative so that they can show the information obtained to you. Please note that this information may contain your personal data including health and care records where relevant.

Please confirm by signing below that you agree to any of your personal data obtained during this investigation being shared with your representative (named above). If you **do not** want your representative to see any of your personal data **do not** complete the section below.

I	
Address	

Give my consent for any of my personal data obtained during the investigation of this complaint to be shared with my named representative.

3. Declaration

I have read and fully understood the above terms of consent:

Signed	[signature of person affected]	Date
Witnessed by	[signature of witness]	[Name and contact phone number of witness]
	[relationship of witness to person affected]	
	[relationship of witness to representative]	