

Data Protection Complaint - consent form to act on behalf of another person (living individuals)

This form allows you to give permission for someone else to act on your behalf in relation to a data protection concern or complaint.

Section 1: Details of the person giving consent (the data subject)

Full name	
Date of birth	
Address (including post code)	
Contact number	
Email address	

Section 2: Details of the person acting on your behalf (representative)

Full name	
Date of birth	
Address (including post code)	
Contact number	
Email address	

Section 3: Your consent

I give permission for the person named above to act on my behalf in relation to a data protection concern or complaint.

I understand that my personal information may be shared where necessary to manage my complaint.

I know I can withdraw my consent at any time by emailing wcnt.dpo@nhs.net

Signature:

Date:

We may request proof of identity to process this request. Your information will be used to manage your complaint in line with data protection law and handled securely.

The Trust's privacy notices are available on the website - www.wchc.nhs.uk/help/privacy/



**Wirral Community Health and Care
NHS Foundation Trust**

Chair: Steve Igoe
Chief Executive: Janelle Holmes