**Estuary Point**

28 Estuary Boulevard

Speke

Liverpool

L24 8RL

Tel: 0151 642 2400

www.nwas.nhs.uk

Date……………………………..

**Third Party Consent Form – North West Ambulance Service**

*The North West Ambulance Service (NWAS) is required by law to keep information confidential. NWAS will only share your information if legally allowed to do so, or if we have your consent to do so.*

*Please complete this form to allow a nominated person or organisation to communicate with NWAS on your behalf with regards to your personal data. NWAS cannot control what your nominated person or organisation may do with your information. You must consider what information they may learn about you and the implications of your consent.* ***If you are unsure about giving consent, please seek legal advice before proceeding.***

***Please ensure all sections below are completed. If the form is not fully completed, NWAS will be unable to communicate with your nominated person or organisation.***

**Your SAR reference number:**

* I want to nominate a person or organisation to correspond with NWAS on my behalf. This will include receiving personal and/or sensitive information about me from NWAS and providing information to NWAS.
* I understand that giving my consent will allow the nominated person or organisation to communicate with NWAS about me unless I inform NWAS that I would like to restrict / withdraw the third-party consent.
* I understand the risk of my information being shared by the person or organisation that I have nominated to give and receive information on my behalf and understand that NWAS have no control over this. In signing this form, I accept any risks associated with providing third-party consent.
* I understand that the sharing of information with the person or organisation I have nominated with start when NWAS receives this signed consent form and will remain in place until either the conclusion of my case, or until I restrict / withdraw consent.
* I understand I can restrict or withdraw my consent at any time by contacting NWAS in writing.

Individual Rights Administrator

North West Ambulance Service NHS Trust

Individual.Rights@nwas.nhs.uk

Your signature: ………………………………………………………………………

Print name: ………………………………………………………………………

Date: ………………………………………………………………………

SAR reference number: ……………………………………………………………………

Nominated person’s name: ………………………………………………………………………

Relationship: ………………………………………………………………………

Organisation name: ………………………………………………………………………   
(if applicable)

Your Address: ………………………………………………………………………

………………………………………………………………………

………………………………………………………………………

Your Postcode: ………………………………………………………………………

Your Preferred Contact Details: ………………………………………………………………………

(telephone number and/or email)

**Please tell us straight away if you want to restrict or withdraw your third-party consent.**

**To be completed by the nominated third party:**

By agreed to act as the third-party for the above named person, I understand that I will be able to give and receive information about them. All future communication sent from NWAS will be supplied to me.

Nominated person’s signature: ………………………………………………………………………

Print name: ………………………………………………………………………

Date: ………………………………………………………………………

**Please tell us straight away if you want to withdraw as a third party.**

