

## Sharing of Contact Details Consent Form

The purpose of gaining your consent is to be clear, open and honest about how Solent NHS Trust is holding and sharing your personal information.

*Please initial below*

I agree to my contact details being held by Solent NHS Trust.

I agree to Solent NHS Trust contacting me to offer me opportunities to be involved in improvement activities

I agree to Solent NHS Trust sharing my contact details with other Solent NHS Trust services, to enable those services to contact me about being involved in their research and improvement activities

I am aware that I can withdraw my consent at anytime by contacting the Solent NHS Trust **[staff lead name]** by email: **[staff lead @solent.nhs.uk ]**

I agree to consent for the period of two years from the signed date below

I confirm that I have read and understood this consent form for my participation with the service.

Name.....

Signature: .....

Date: .....

Contact number: .....

Email address: .....