**Text

Description automatically generatedGive your permission to take part in the Hounslow Adult Safeguarding Forum**

If you would like to join us to talk about your safeguarding experiences, we need your permission.

If you are happy to take part, please tick the Yes box.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | I have read and understood this document. |
|  |  | I know that I do not have to take part. |
|  |  | I know I can refuse to answer questions if I want or leave at any time. If I decide to do that, then any information I have already given will not be used or shared and will be destroyed straight away. |
|  |  | I agree that my information can be used in the report given to Hounslow Council – but it won’t say my name. |
|  |  | I understand that any personal information that can identify me will not be shared beyond the project team. |
|  |  | If I say something that is putting myself or someone else in danger, I understand this may have to be reported. |
|  |  | I agree to take part in this project and to be contacted by Healthwatch Hounslow. |
|  |  |  |

|  |  |
| --- | --- |
| **Please tick all that apply** | **Would you prefer?** |
| **o** | Regular face to face group meetings |
| **o** | Regular online meetings |
| **o** | Face to face interview |
| **o** | Telephone interview |
| **o** | Questionnaire |

**Your contact details**

|  |  |
| --- | --- |
|  | **Please enter your details** |
| Name |  |
| Telephone Number |  |
| Email (if you have one) |  |
| Today’s date |  |
| Your experience:  You have experienced safeguarding yourself  You are a Carer / Family / Friend | **o**  **o** |

**A screenshot of a video game

Description automatically generated with low confidencePlease send this form to:**

Email: [viviane@healthwatchhounslow.co.uk](mailto:viviane@healthwatchhounslow.co.uk)

or

Post: to Viviane Walker, Freepost RTHC-JCSH-ERTE, Healthwatch Hounslow, 45 St. Mary’s Road, Ealing, W5 5RG