



Hootvox Patient Experience Survey

Consent Form

Do you require survey in Welsh or English	Welsh		English	
Survey to be sent to (please tick)	Patient		Next of Kin	
Title (please circle)	Mr	Mrs	Miss	Ms
First Name				
Surname				
Postcode				
Preferred way to receive the survey (note: text for smart phones only) (please circle)	Text	Email	Paper Copy	Any
Mobile Tel Number:	Email:			
Date of Discharge (if applicable)				
<p>Patient/Next of Kin Consent and Understanding</p> <ul style="list-style-type: none"> • I would like to receive a survey regarding my healthcare experience. • I understand that Hootvox Ltd will be sent my name and contact details so that a survey can be sent to be my text or email. I also understand that I can complete the survey as a paper copy if I so prefer. • I understand that my personal details above will be used only for the purpose of the survey and will not be shared with anyone else. • I understand the survey is anonymous and I will not be named. • I understand that if I want to talk to someone about my feedback I will need to provide my contact details when I complete the survey 				
Signed:				



Print Name:

Date:



**Arolwg Profiad y Claf Hootvox
Ffurflen Ganiatâd**

Arolwg i'w hanfon at (ticiwch)	Claf		Perthynas Agosaf	
Teitl (rhowch gylch o amgylch)	Mr	Mrs	Miss	Ms
Enw Cyntaf				
Cyfenw				
Cod post				
Y dull gorau i dderbyn yr arolwg (noder: negeseuon testun ar gyfer ffonau clyfar yn unig) (rhowch gylch o amgylch)	Neges destun	E-bost	Copi papur	Unrhyw
Rhif ffôn symudol:	E-bost:			
Dyddiad Rhyddhau (os yn berthnasol)				
<p>Caniatâd a Dealltwriaeth y Claf/Perthynas Agosaf</p> <ul style="list-style-type: none"> Hoffwn dderbyn arolwg ynghylch fy mhrofiad gofal iechyd. Rwy'n deall bydd fy manylion cyswllt yn cael eu hanfon at Hootvox LTD er mwyn i'r arolwg gael ei anfon ataf ar ffurf neges destun neu e-bost. Rwyf hefyd yn deall y gallaf gwblhau'r arolwg ar bapur os ydyw'n well gennyf.. Rwy'n deall bydd fy manylion personol uchod yn cael eu defnyddio at bwrpas yr arolwg yn unig ac ni fyddant yn cael eu rhannu ag unrhyw un arall. Rwy'n deall bod yr arolwg yn gyfrinachol ac ni fyddaf yn cael fy enwi. Rwy'n deall os byddaf eisiau siarad â rhywun am fy adborth, bydd angen i mi ddarparu fy manylion cyswllt pan fyddaf yn cwblhau'r arolwg. 				
Llofnod:				



Enw:

Dyddiad: