**NATIONAL LEARNING DISABILITIES IMPROVEMENT STANDARDS SURVEY**



Our hospital is taking part in a **patient survey** for people with learning disabilities.



We want to know what **you** think about the care you received from your local NHS hospital.



Information about the survey will be sent to you by **post**.



Your answers will help us to work out what was **good** and what **needs to change.**



If you want to take part in the survey, please complete the **CONSENT** form.

**CONSENT FORM**

Date:…………………………………………………………………

Name:…………………………………………………………………

Address:…………………………………………………………………………………………………………………………………………

…………………………………………………………………………………….……………………………………………………………..

Signature:……………………………………………………………

If you would like take part in the survey, please tick the box.

Please give this form back to a staff member in the hospital.

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| **I understand the information and would like to take part in the survey.** |  |