

|  |  |
| --- | --- |
| Type (e.g. ‘hospital’) and name of service (e.g. ‘Southmead’) |  |
| What area does the person live in? | Bristol North Somerset South Glos. |
| When did it happen? (Year/Month) | ………………………… |
| What happened or what is the individual asking for? |  |
| Name of person taking feedback ……………..…… Date of feedback?.....................  Source of feedback: ………………..……………….. (e.g. face to face in Galleries, engagement event, C20+5 engagement, email, phone, etc.)  How did this individual hear about us?.................................  Did you signpost the individual? Yes/no ………………..  Need to raise a safeguarding issue? Yes/no ………………..  Has the individual been told how we will use their feedback? Yes/no……………. | |

**Core 20Plus5 adapted feedback form**

**See next page: ‘A little bit about yourself’ – sharing this information helps health and social care providers understand how people's access to healthcare may differ depending on their circumstances. Your personal details will not be passed on outside Healthwatch.**

**Please tell us about the person who needs or needed care or treatment.**

Please tell us the **first part of your postcode and the number in the second part of your postcode** (e.g. **BS14 3**) ………………..

Please tell us your **age**: ………………..

Please tell us your **gender**: ………**Is it the same as the sex you were given at birth**? Yes/No

Please tell us which **sexual orientation** you identify with: ………………………………………

Please tell us your **pregnancy or maternity status**: ……………………………………………….

Please tell us your **ethnicity (your background)**: ………………………………………………..

Please tell us your **religion or belief**: ………………………………………………………………

Do you have **a permanent place to live**? ……. If no, or if you move around a lot, please explain a bit more ………………………………………………………………………….

How would you get healthcare if you require it?......................................................................

Does anything put you off getting healthcare? …………………………………………………..

Do you consider yourself to be **disabled, to have a disability, or to have a long-term health condition**? …………**If yes**, please tell us more about what these are: …………………………………………………………………………………………………….

Do any of the below apply to you? (Please tick any that apply)

|  |  |
| --- | --- |
| In the justice system | Refugee or asylum seeker |
| Has the cost of living affected you? | Misuse drugs and/or alcohol |
| Relying on a food bank | Little support from family or friends |
| Long-term unemployed | Treated unfairly because of how I live |
| Limited access to transport | Not registered with a GP |

Can we contact you to discuss whether your story could be used **for a campaign, or your details be passed onto the media**? Please circle: yes / no

If YES, please tell us your name: ……………………………………………

and email address ………………………………………………