

# 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.

<b>I understand the information and would like to take part in the survey.</b>	
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