

Part 4: Consent to share information

I understand that by signing this form

☐

I give my permission for a copy to be sent to **my GP** to make them aware of this certificate.

My GP name/practice:

Address:

.....

Postcode:

Telephone number:

☐

I give my permission for a copy to be sent to **my local council** (or an organisation working on their behalf) who have a duty (under the Care Act 2014) to contact me to offer advice on living with sight loss and explain the benefits of being registered. When the council contacts me, I am aware that I do not have to accept any help, or be registered at any time, if I choose not to do so.

My local council name:

Address:

Postcode:

Telephone number:

☐

I give my permission for a copy to be sent to **The Royal College of Ophthalmologists, Certifications Office** at Moorfields Eye Hospital; where information about eye conditions is collected, and used to help to improve eye care and services in the future.

I understand that I do not have to consent to sharing my information with my GP, local council or The Royal College of Ophthalmologists Certifications Office, or that I can withdraw my consent at any point by contacting them directly.

I confirm that my attention has been drawn to the paragraph entitled 'Driving' on page 8 and understand that I must not drive.

Signed by the patient (or signature and name of parent/guardian or representative) PLEASE SIGN INSIDE THE BOX