# Story Template

Here is a short template you can use to write down your story. Don’t worry if you don’t want to fill in all the sections in the form, just fill in the ones you want to.

You can then email it to karen.huntley@healthwatchcalderdale.co.uk

If you would prefer us to help you to write your story, please ring or email our office and leave an answer phone message with your number. We will then arrange to speak to you.
Tel: 01422 399433

Email: karen.huntley@healthwatchcalderdale.co.uk

Any part of the stories that we use will be anonymised, with identifying personal data removed to ensure your confidentiality.

 If you have any questions, please contact Karen Huntley for further information.

The deadline for collecting personal stories is 28th August 2020

**Story template - health and social care experiences during the Covid-19 outbreak**

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| --- |
| **1. Contact details** |
| Name: ………………………………………………………….Preferred method of contact: …………………………………………………Contact details: ……………………………………………………………………….Date: …………………………………………………………………………………………… |
| **2. About you**   |
| **Gender:****Age:****Ethnicity:****Employment status:****Health status:** |
| **3. What would you like to tell us about the way the Covid-19 outbreak has affected your life?** |
|  |
| **4. Please tell us a personal story to show your experiences of NHS and/or social care services during the Covid-19 outbreak** |
|  |

**CONSENT**

|  |
| --- |
| I give permission for Healthwatch Calderdale and Healthwatch Kirklees to use the information in this case story, including quotes.I understand that my identity will not be disclosed.Signed: ………………………………………………………………………Date: …………………………………………………………………………Your Name (print): …………………………………………………………. |

**CONSENT FOR USE OF PHOTOS / IMAGES**

We would like to include some images with the case stories. Do you have a key photo or image with us that represents your case story that you could share with us?

Please sign below if you give consent for us to use your image in our publicity materials and / or use within national, regional or local media. Please tick boxes below as applicable:

* I give permission for this image to be used in Healthwatch Calderdale & Healthwatch Kirklees Publicity Materials including web based materials
* I give permission to this image to be used within national, regional and local media.

Signed: …………………………….

Name (please print): ………………………………….

**Thank you for taking the time to provide your story**