



DECLARATION DOCUMENT

Name of Doctor

GMC Number

Primary site of work

DECLARATION DOCUMENT

Declaration statement

I confirm the following:

Declaration statement	Signature	Date
I confirm that I have a written complaints process encompassing all aspects of my clinical practice.		
I confirm that this process is easily accessible to my patient population and outlines appropriate contact details and timelines		
I confirm I regularly review this process and make amendments whenever necessary		
I confirm that I will update The WJHG Team immediately if a complaint or concern is raised regarding my practice *		
I confirm that I will update The WJHG Team immediately of any new Criminal Convictions or cautions I receive *		
I confirm I have read the WJHG Compendium and agree to concur with all sections held within		

* WJHG will always ensure confidentiality, data protection compliance and full doctor support with any and all disclosures, in keeping with our policy documentation in these issues

For WJHG Administration Staff Only:

Date Declaration Received: _____

Comments:

WJHG STAFF ONLY

I confirm that WJHG Complaints Declaration Document has been reviewed by a member of the WJHG Compliance team and any concerns have been raised, where appropriate, with the relevant doctor directly.

Signed: _____ Date: _____