Shetland NHS Board



If your request for a travel escort to be funded by NHS Shetland has been declined and you wish to appeal, please complete the form below and return to Patient Travel at NHS Shetland as soon as possible for review by a senior clinician.

**Travel Escort Review Form**

**Additional Evidence**

Please include as much information as possible to support your travel escort request. The clinician will review the decision based on the information given on your original application form plus the additional information you provide below, in line with the NHSS Patient Travel Policy.

(To be completed by the patient or their representative)

Patient Name: .........................................................................................................................

Patient Address: .........................................................................................................................

Patient DOB: .........................................................................................................................

Additional information: .......................................................................................................................

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Patient signature: ............................................................................ Date: ........................................

Your personal data will be processed in accordance with NHS Shetland’s Privacy Notice which can be found here: [NHS Shetland: Privacy Notice (scot.nhs.uk)](https://www.shb.scot.nhs.uk/board/privacy.asp)

Please return your signed completed form to:

Patient Travel Department, Gilbert Bain Hospital, Lerwick, ZE1 0TB

E-mail: [shet.patienttravel@nhs.scot](mailto:shet.patienttravel@nhs.scot)

**Please note that the decision made on your appeal will be final. Should your appeal be unsuccessful, please refer to the NHS Shetland Complaints Procedure.**