



Protocol on Approach to Evidence and Written statements

1. This Protocol aims to:
 - A) Set out definitions relevant to this Protocol;
 - B) Set out the Inquiry's general approach to evidence;
 - C) Set out how the Inquiry intends to treat statements of applicants to the Independent Clinical Review;
 - D) Explain circumstances in which the Inquiry intends to seek written statements from witnesses;
 - E) Explain the procedure by which written statements will be sought by the Inquiry;
 - F) Set out the procedure which will be followed after receipt of final signed written statement;
 - G) Set out the procedure which may be followed by the Inquiry where a witness fails to respond to a request for a written statement under rule 8 of the Inquiries (Scotland) Rules 2007 ("the Rules");
 - H) Outline the Inquiry's approach to corporate written statements;
 - I) Set out the Inquiry's approach to the production of medical records with written statements; and
 - J) Provide contact information for enquiries.

2. As with all of the work of the Inquiry, this Protocol and the procedures and policies set out in it should be read in the context of the Inquiry's [Statement on Protocols and Principles](#). In particular, the Chair may deem it appropriate to change or update the contents of this Protocol in accordance with the provisions of that Statement.
3. Further, this Protocol and the procedures and policies set out in it should be read in the context of the Inquiry's:
 - (a) [Core Participant Protocol](#);
 - (b) [Protocol on the Production, Handling and Retention of Documents](#);
 - (c) [Protocol on Disclosure, Publication, Restriction and Anonymity](#);
 - (d) [Protocol on Restriction Order Applications](#);
 - (e) [Protocol on Public hearings](#);
 - (f) [General Restriction Order](#); and
 - (g) [First Order](#).

A) Definitions

4. "Redaction" is the removal of information from a document, usually by blacking out words.
5. "Disclosure" is the process of making available relevant material to core participants and (in some instances) persons from whom the Inquiry proposes to take evidence. Such relevant material is disclosed subject to a strict undertaking to the Inquiry of confidentiality by the recipient of the disclosure (and their recognised legal representative, if any), not to reveal the whole or any part of that material (or any information contained within it) to others who have not signed a confidentiality undertaking.

6. “Publication” is the process of making information available to members of the public (a) on the Inquiry website, which is freely accessible (b) during oral hearings of the Inquiry, which are streamed on the Inquiry’s YouTube channel; and (c) as part of any interim or final report, which will be published in accordance with arrangements made under section 25 of the Inquiries Act 2005 (“the Act”).
7. “Restriction Order” is the name given to an order under section 19 of the Act, which restricts Disclosure or Publication of information.
8. “Anonymity” is the protection of a person’s identity from Disclosure and/or Publication.
9. A “document” includes information recorded in any form. This can mean in paper or electronic form. It includes but is not limited to text messages, emails, social media posts, letters, statements, manuscript notes, medical records, meeting/attendance notes, legislation, reports, guidance, codes of conduct, protocols, photographs, video and audio recordings and metadata.
10. A “relevant document” is one which, having regard to the Inquiry’s [Terms of Reference](#), and any specific request for information received from the Inquiry, it is likely that the Inquiry would (if aware of its existence) wish to have provided to it.

B) The Inquiry’s approach to evidence

11. The Chair of the Inquiry is accorded wide powers to regulate the procedure of the Inquiry as he sees fit, so ensure the most efficient fulfilment of the Inquiry’s [Terms of Reference](#).¹
12. Evidence contained in documents, including in witness statements provided to the Inquiry will be deemed by the Inquiry to be evidence in the Inquiry which the Chair of the Inquiry can consider in making findings and recommendations in the fulfilment of

¹ See section 17 of the Act

the Inquiry's [Terms of Reference](#). Such evidence will be able to be relied upon without the need for it to be spoken to in oral evidence in hearings or otherwise adduced formally. Such formality would be inconsistent the inquisitorial nature of the Inquiry and likely to involve unnecessary cost. Written evidence will be disclosed to core participants and published², as well as ventilated and explored at evidential hearings, as the Inquiry deems necessary in the interests of fairness, thoroughness, economy and consistent with the Chair's obligations under section 18 of the Inquiries Act 2005 ("the Act"). The nature and intended purpose of evidential hearings will be set out in the Inquiry's [Protocol on Public hearings](#).

From whom will witness statements be sought?

C) The Independent Clinical Review ("ICR")

13. The way in which the Inquiry and the ICR intend to work together is set out in a [Memorandum of Understanding](#). The intention behind the two-process approach is that the clinical circumstances of individual cases will be investigated and assessed by expert neurosurgeons appointed and instructed by the ICR. The Inquiry will rely on the clinical assessments of these experts in discharging its [Terms of Reference](#) which focus on the examination of systems of clinical oversight of the professional practice of Mr Eljamel, as well as other systemic matters.

14. As part of the process of the ICR, applicants to that process (including former patients of Mr Eljamel) will be asked to provide an applicant statement in which they will be able to express their positions on the clinical circumstances of the case which they are submitting for expert neurosurgical review. These applicant statements will be processed by staff of the ICR. The questions asked of applicants to the ICR will be

² The Inquiry's approach to the disclosure and publication of documents is set out in its [Protocol on Disclosure, Publication, Restriction and Anonymity](#)

contributed to by the Inquiry in accordance with paragraph 24 of the [Memorandum of Understanding](#), in order best to ensure that the ICR applicant statements provide the evidence that the Inquiry needs about clinical matters and that the voice of former patients (or their representatives) is heard in both processes via the evidence they provide in those statements.

15. In the normal course, the finalised applicant statements will be evidence in the Inquiry, as well as used by the ICR's expert neurosurgeons in the compilation of their case reviews. As such, all applicants to the ICR who consent to their applicant statements being shared with the Inquiry will also be submitting important evidence to the Inquiry. These applicant statements will be considered as part of the evidence available to the Inquiry in discharging its [Terms of Reference](#) in accordance with the approach outlined at paragraph 12 above.

16. The Inquiry is mindful of the terms of paragraph (d) of the explanatory notes to its Terms of Reference, which are as follows:

“The Inquiry will provide an opportunity for public acknowledgement of the suffering of former patients of Mr Eljamel and a forum for public consideration of evidence of their experiences”

17. By providing written evidence in the form of an ICR applicant statement, all applicants to the ICR who consent to their applicant statements being shared with the Inquiry will (by their applicant statements) have provided evidence to both the ICR and the Inquiry. That evidence will be considered and analysed along with all of the other evidence available to the Inquiry. It will ultimately be disclosed to core participants and published, consistent with the requirements for public acknowledgement and consideration of evidence of the suffering and experiences of former patients of Mr Eljamel and subject to the provisions of the Inquiry's [General Restriction Order](#) and its [Protocol on Disclosure, Publication, Restriction and Anonymity](#) which contain provisions which seek to respect the rights and legitimate wish of certain former patients or their representatives to confidentiality and privacy.

18. Former patients or their representatives who have provided an applicant statement to the ICR will be asked to confirm their consent to the Inquiry disclosing and/ or publishing their applicant statement by completing the form attached to this Protocol. Any application for Anonymity or a Restriction Order should be made at the stage when that consent form is submitted. The procedure set out in paragraph 42 of the Inquiry's [Protocol on Disclosure, Publication, Restriction and Anonymity](#) will require to be followed. For the avoidance of doubt, the Inquiry may recover an applicant statement to the Independent Clinical Review along with associated documentation, including any expert review produced by the ICR in accordance with its statutory powers to do so. In such cases, the Inquiry may require to disclose and/ or publish applicant statements and any such associated documentation recovered in that way. If the Inquiry intends to do so, it will provide the applicant with the opportunity to apply for Anonymity or a Restriction Order and will disclose and/ or publish that material subject to any successful application for Anonymity and any other applicable Restriction Order.

D) Inquiry witness statements of patients and their relatives/ representatives

19. The Chair of the Inquiry is aware that for many patients (and their representatives) providing written statements to the Inquiry is likely to be a traumatic experience. In accordance with its trauma-informed approach, the Inquiry wishes to minimise the number of times such individuals will have to provide written statements containing evidence of their experiences. This principle underpins the approach to further written statements which may be requested by the Inquiry.

20. With that important principle in mind, and in light of the broadly systemic remit of the Inquiry's investigation, it is considered likely that for many former patients or their representatives the applicant statement to the ICR about their clinical experience is likely to provide sufficient evidence for the Inquiry's purposes. It is hoped that for certain of Mr Eljamel's patients or their relatives/ representatives, their experiences

will have been adequately set out in those applicant statements and that it will not be necessary for the Inquiry to seek further statements from them, the content of their applicant statements already being evidence in the Inquiry.

21. Given the Inquiry's systemic remit, it will not be feasible or necessary for the Inquiry to examine the individual cases of all former patients of Mr Eljamel or even all of those who have suffered harm. The Inquiry will seek to draw conclusions from their collective experiences, as reflected in the applicant statements. This is not to undermine the importance of those cases or any individual's experience. It is a recognition of the Inquiry's systemic remit and the obligation the Inquiry has to discharge its [Terms of Reference](#) in an efficient manner, in the interests of the public as a whole.
22. Against that background, it is anticipated that the requirement for further written statements requested by the Inquiry from former patients or their representatives will be able to be focused on the following:
 - (a) Matters of clarification relating to the clinical circumstances set out in the evidence provide to the Inquiry by the ICR which are deemed necessary for the systemic investigation being undertaken by the Inquiry, including where further detailed evidence is required in particular cases on important matters relating to the Inquiry's [Terms of Reference](#), such as (by way of example only) the cases in the period covered by Terms of Reference 8 – 11; and
 - (b) Matters beyond the clinical remit of the ICR but which are relevant to the Terms of Reference of the Inquiry, including but not limited to:
 - (i) Complaints or feedback processes (Terms of Reference 4 and 5);
 - (ii) Candour (Terms of Reference 7 and 13);
 - (iii) Previous reviews and investigations, including campaigning (Term of Reference 12); and
 - (iv) Issues related to document management, retention or access (Term of Reference 14).

23. Where it is believed that a former patient or representative of a former patient has relevant evidence which would merit a request for a further statement to be provided to the Inquiry (in addition to any ICR applicant statement already provided) and that person is willing to provide a further written statement to the Inquiry, they will be asked to provide such a further written statement in accordance with this Protocol.

Other witnesses

24. Potential witnesses, including, but not limited to, public officials (such as health board officials, government ministers or civil servants), medical practitioners and employees of other relevant bodies included in the Inquiry's [Terms of Reference](#) will be contacted by the Inquiry where it is considered that they may provide relevant evidence. They will usually be asked to provide a written statement to the Inquiry by way of a rule 8 request, or a section 21 notice, if that proves necessary.

Those who may have evidence to offer

25. Any other person who has relevant evidence to provide, or who believes they may be able to provide evidence but is unsure how relevant it is, should contact the Solicitor to the Inquiry at legal@eljamelinquiry.scot or at the postal address below as soon as possible. The Solicitor to the Inquiry, or one of the other Inquiry solicitors, will establish what the evidence is and advise the person how to proceed.

E) The procedure by which the Inquiry will seek written statements

Request for a written statement

26. In this section of the Protocol, the Inquiry sets out the procedure which it aims to follow in circumstances where it wishes to obtain a further statement from an individual who has already provided an applicant statement to the ICR (on topics relevant to the Inquiry's systemic remit such as those set out above) or a written statement from any other individual. In accordance with Rule 8 of the Rules requests for a written statement ("Rule 8 request") will be made in writing of all persons from whom the Inquiry proposes to take evidence in the form of a written statement. The Rule 8 request will contain a description of the matters or issues to be covered by the written statement.

27. The Rule 8 request will be sent directly to the witness unless the witness has appointed a qualified lawyer to act on their behalf and the Chair has designated the lawyer as the witness's recognised legal representative.

Responding to a request for a written statement

28. A witness may draft their own written statement, or seek assistance from a lawyer, or seek the assistance of the Inquiry Team, or engage with any combination of these options.

29. Should a witness in receipt of a Rule 8 request require assistance from the Inquiry Team in drafting a statement, they should contact the Inquiry as soon as possible. The witness may seek such assistance from the Inquiry Team whether or not they are legally represented.

30. The witness should aim to include in the written statement evidence relating to all matters or issues referred to in the Rule 8 request. Documents that are relevant to the Inquiry's [Terms of Reference](#) may be referred to in the written statement (see the guidance below on reviewing and referencing medical evidence in written statements).

31. The written statement must be written in the witness's own words and approved by the witness as being complete and accurate in the format set out in the template attached to this Protocol. The format in which written statements are to be provided to the Inquiry will be set out clearly in the rule 8 request or (where applicable) section 21 notice which will be sent to any witnesses from whom the Inquiry seeks such a written statement. The final written statement must be signed as final and submitted to the Inquiry within the period specified in the Rule 8 request.
32. Former patients or their representatives who receive a Rule 8 request will be asked to confirm their consent to the Inquiry disclosing and/ or publishing their written statement by completing the form attached to this Protocol. Any application for Anonymity or a Restriction Order should be made at the stage the written statement is submitted to the Inquiry. The procedure set out in paragraph 42 of the Inquiry's [Protocol on Disclosure, Publication, Restriction and Anonymity](#) will require to be followed.

The draft statement

33. The Inquiry will usually specify within a Rule 8 request that a written statement should initially be submitted as an unsigned, "draft statement". In such cases, upon receipt of the initial statement, the Inquiry will either:
- (a) Indicate there are no points for clarification or requests for further information in relation to the initial statement at that stage and request the witness to sign the draft as a final written statement, in which case the witness should return it, signed as true, within seven days of notification; or
 - (b) Produce a further Rule 8 request to the witness either (i) describing issues in the initial statement which require clarification; or (ii) describing further evidence sought.

F) Procedure following receipt of final signed written statement

34. As soon as reasonably practicable following receipt by the Inquiry, each final signed written statement (covering both applicant statements to the ICR and any further statements requested by the Inquiry) will be uploaded to the Inquiry's document management system and issued with an Inquiry unique reference number attached to it. It will not be disclosed to core participants or published on the Inquiry's website before the steps outlined below have been taken.
35. In accordance with the requirements imposed on it by section 18 of the Act, the Inquiry regards it as important that its proceedings are conducted in public and in as open and transparent a manner as is possible. The Inquiry will therefore publish on its website written statements provided to the Inquiry and applicant statements provided to the ICR (which will include relevant documents exhibited to any written statement), unless there is a compelling reason not to. In addition, written statements and their exhibits will be disclosed to core participants and (in some instances) witnesses by making the documents available on the Inquiry's document management system.
36. At the stage that the witness' written statement is submitted to the Inquiry, and before any written statement is disclosed or published, the witness may ask the Inquiry not to disclose or publish his or her name, or not to disclose or publish particular information contained within the statement.
37. In general, where the witness is a person who is a former patient of Mr Eljamel or a former patient's representative and requests anonymity, it is likely that the Chair will grant the request in the event that such statements will contain highly sensitive and personal medical information. This approach seeks to ensure the effectiveness of the Inquiry by not deterring persons from giving evidence who would otherwise wish to do so.

38. The Inquiry will also consider carefully applications for anonymity from others. This may include medical professionals who have knowledge of matters relevant to the Inquiry's [Terms of Reference](#), in the event that allowing them to remain anonymous would assist with the Inquiry's investigation and subject to the requirements of section 18 of the Act.
39. Applications for anonymity will be considered in terms of the provisions of the Inquiry's [Protocol on Disclosure, Publication, Restriction and Anonymity](#) and its [Restriction Order Application Protocol](#).
40. A witness who seeks to prevent disclosure or publication of information contained in their written statements (including information contained in documents exhibited to any written statement) other than by a grant of Anonymity, should submit an application in accordance with the Inquiry's [Restriction Order Application Protocol](#).
41. Written statements and associated documents will generally be disclosed to core participants with the identity of a witness who has been granted Anonymity removed.
42. Having received the final signed further written statement, the Inquiry will decide whether to invite the witness to attend to give oral evidence in person at an Inquiry hearing or inform the witness that their statements are to be read as their evidence to the Inquiry in accordance with the approach set out in paragraph 12 above. Intimation of the Inquiry's intention to invite a witness to attend to give oral evidence will ordinarily be made significantly before the date on which the witness will be asked to attend, with a formal invitation being issued nearer that date as per the provisions of the Inquiry's [Public hearings Protocol](#).

Criticism of another person or organisation

43. Written statements provided to the Inquiry may contain criticism of another person or organisation. It will not be practical or proportionate for the Inquiry to investigate every criticism that is made by a witness about a person or organisation, nor will it be necessary to do so in order to fulfil the [Terms of Reference](#).
44. Fairness requires that criticisms of a named person or organisation which the Inquiry will be investigating further, or which are to be published by the Inquiry, should be disclosed to that person or organisation.
45. Where a written statement provided to the Inquiry contains criticism of a person or organisation, the Inquiry will consider the nature and seriousness of the criticism, the significance of the criticism in relation to the [Terms of Reference](#) and the issues being investigated by the Inquiry, and whether the person or organisation has been the subject of criticism in other written statements.
46. Where, having considered these factors, the Inquiry considers:
- (a) that the criticism of the named person or organisation should be investigated further; and/or
 - (b) that the nature, seriousness and/or significance of the criticism is such that – in keeping with the Inquiry’s commitment to openness and transparency - it would be wrong to redact details of the criticism when publishing the written statement; then the Inquiry will endeavour to locate the person or organisation criticised and provide them with the witness’s written statement. The Inquiry will issue a warning letter under Rule 12 of the Rules or make a Rule 8 request for the person or organisation criticised to respond to the criticism raised. If a response is received, it will be provided to the witness making the criticism. This is to provide that witness with an opportunity to review the criticisms made, in light of the response. If the criticism is maintained, the witness statement and the response will (absent any compelling reason) be published by the Inquiry in due course. Core participants will receive relevant disclosure at appropriate times during the process.

47. In circumstances where the person criticised is dead or cannot be contacted to provide a response to the criticism, the Inquiry will undertake such investigations as are reasonable and proportionate. Relevant evidence revealed by such investigations will be provided to the witness making the criticism for the same reason as given above. The Inquiry will, in light of the available evidence and having regard to the duty to act fairly, take a decision as to whether the name of the deceased or otherwise unavailable person should be redacted prior to Disclosure and/or Publication of the witness statement.
48. The Inquiry may take the view that it is not reasonable or proportionate to investigate a criticism or seek a response from the person criticised. In such cases, where the Inquiry does not notify the person or organisation criticised or seek a response to the criticism, it is likely that the Inquiry will, as a matter of fairness, redact the name of the person criticised before the relevant statement is published. In cases where there is an allegation of not just a single instance but a pattern of behaviour which emerges in respect of the same person from a number of such statements, the Inquiry will review any Redaction and is likely to lift it, after giving notice to the person concerned that it intends to do so, and time for a response by that person if they wish to make one.
49. In all cases where criticisms are to be provided to the person or organisation criticised (and their legal representative, where instructed), it is likely that it will be necessary to provide to that person the identity of the witness making the criticism, in order that they are afforded a fair opportunity to respond to the criticism. However, anyone to whom information is disclosed in this way must keep it confidential and it must not be disclosed to any other person who has not signed a confidentiality undertaking. The Inquiry will provide at least 14 days' notice if it intends to disclose the identity of a witness who has been granted Anonymity so as to allow that witness an opportunity to make an application requesting that the Inquiry considers not disclosing their identity.

50. It does not automatically follow from the fact that a witness' name has been provided to a person or organisation that this witness will be identified by name (or in another way) in the Inquiry's oral hearings or on its website. There may still be good reasons why that witness is entitled to give evidence anonymously.

G) Procedure where a witness fails to respond to a Rule 8 request

51. The Chair has a number of powers exercisable by Notice to require the provision of evidence under section 21 of the Act including the provision of a written statement within such period as seems reasonable to the Chair.³

52. The Chair may also issue a Notice to a witness to attend at a time and place to give evidence⁴, or to produce any documents in his or her custody or under their control that relate to a matter in question at the Inquiry⁵, or to produce any other thing in their custody or under their control for inspection, examination or testing on behalf of the Chair.⁶

53. A person may claim that they are unable to comply with the Notice or that it is not reasonable in all the circumstances for them to comply with such a Notice.⁷ The Chair will determine any such claim and may revoke or vary a Notice on the ground claimed. In doing so the Chair must have regard to the public interest in the information in question being obtained by the Inquiry having regard to its likely importance.

54. A person is guilty of an offence if they fail without reasonable excuse to comply with a Notice issued pursuant to section 21⁸ The offence is punishable on summary

³ Section 21(2)(a) of the Act

⁴ Section 21(2)(a) of the Act

⁵ Section 21(2)(b) of the Act

⁶ Section 21(2)(c) of the Act

⁷ Section 21(4) of the Act

⁸ Section 35 of the Act

conviction by fine or imprisonment. Certification may also be given to the Court of Session for enforcement proceedings which may also result in imprisonment.⁹

H) Corporate written statements

55. Where appropriate, the Inquiry may request written statements (or order their production by section 21 notice) from organisations. The Inquiry will liaise with the organisation or their legal representative as to the identity of the person or persons who should provide the written statement, in cases where the Inquiry seeks written evidence about the position of an organisation in relation to matters of interest to the Inquiry.

56. Although, in the compilation of such a written statement, it may be necessary for more than one individual to be involved in its preparation, it should be borne in mind that any person who provides a witness statement to the Inquiry may be asked to provide oral evidence based on that witness statement at a public hearing before the Chair.

I) Medical Records

57. It is not necessary for a former patient (or their representative) to have access to their or the relevant patient's medical records in order to provide a written statement to the Inquiry. The Inquiry recognises that some individuals may not wish to obtain their medical records or know that key parts of their medical records are missing. Their personal accounts are highly valuable to the Inquiry, with or without reference to contemporaneous medical records. Primary care records (where available), may supplement missing or inaccurate hospital records. Where available, hospital and primary care records will be recovered by the Inquiry in cases where applications are

⁹ Section 36 of the Act

made for clinical review in the ICR. The Inquiry may use its recovery powers to recover other sets of medical records relevant to the [Terms of Reference](#) of the Inquiry, in appropriate cases. Where the Inquiry has sought to obtain medical records using its statutory powers to do so, the Inquiry will make reasonable efforts to intimate that it has done so to the person whose medical records have been sought.

58. However, evidence from available medical records will also assist the Inquiry in investigating broader issues within the [Terms of Reference](#), such as (a) issues connected with the accuracy or retention of medical records (Term of Reference 14) (b) patterns of failings in clinical practice of the treatment of the former patients of Mr Eljamel (Term of Reference 2) and (c) in assessing whether there have been attempts to conceal details of what happened (Terms of Reference 7 and 13). Where aspects of cases relate to these broader Terms of Reference, the Inquiry may seek further evidence about them in a rule 8 request for a further witness statement (see above).

59. Not every document in the medical records will be relevant – for instance, many may contain details of other medical issues of no relevance to the Terms of Reference. Only key documents from medical records (if they are available) should be exhibited to any written statement, together with any other documents that may be relevant to the matters outlined in the Rule 8 request.

60. The Inquiry's approach to the Disclosure and Publication of medical records which are examined by it is set out in the Inquiry's [Protocol on Disclosure, Publication, Restriction and Anonymity](#) and its [General Restriction Order](#).

J) Enquiries

61. All queries about any matter related to the content of this Protocol should be sent to the Solicitor to the Inquiry, as follows:

- i. By email to: legal@eljamelinquiry.scot
- ii. By post to: The Eljamel Inquiry, Area 2J North, Victoria Quay, Edinburgh
EH6 6QQ.

Issued under the authority of the Chair on 10 June 2025.

Template for Inquiry written statements

Witness Name: *[insert name of witness]*

Statement No.: *[insert statement reference number]*

Dated: *[insert statement date]*

ELJAMEL INQUIRY WRITTEN STATEMENT OF *[insert name of witness]*

I, **[***]**, will say as follows: -

1.

2.

3..... Etc

Statement of Truth

I believe that the facts stated in this written statement are true.

Signed.....

Date.....

Witness consent to use of statement(s)

Consent to use my written statement(s)

Name: *[insert name of witness]*

I, [] *[insert name]* confirm that by submitting my signed written statement to the Eljamel Inquiry/ having submitted my signed applicant statement to the Independent Clinical Review, I consent to its/ their use in the following ways *[delete as applicable]*:

- publication on the Inquiry website;
- reference and/or inclusion in any report(s) of the Eljamel Inquiry;
- disclosure by the Inquiry to core participants and where instructed, their legal representatives via the Inquiry's document management system or by any other means as directed by the Chair of the Eljamel Inquiry;
- disclosure by the Inquiry to witnesses to the Eljamel Inquiry and where instructed, their legal representatives via the Inquiry's document management system or by any other means as directed by the Chair of the Eljamel Inquiry; and
- disclosure by the Inquiry to any person or organisation, including any instructed legal representatives, who or which is the subject of criticism in my written statement(s), as the Inquiry deems appropriate.

I also confirm that I have been advised of the option to seek anonymity and that, if granted, my identity may nevertheless be disclosed to a person or organisation, including any instructed legal representatives, who is the subject of criticism in my written statement in order that they are afforded a fair opportunity to respond to the criticism (subject to my ability to make an application for this not to happen under paragraph 43 of the Inquiry's [Protocol on Approach to Evidence and Written Statements](#)).

Please circle the word **ANONYMOUS** below if you are seeking anonymity, in which case consent is considered to be provided subject to the determination of any application for anonymity.

ANONYMOUS

In cases where anonymity is sought by individuals other than former patients of Mr Eljamel, please provide reasons why anonymity is sought in the space provided below

The Inquiry takes its obligations in respect of handling personal and sensitive information seriously. Please see the Inquiry's Privacy Notices on its website at www.eljamelinquiry.scot which set out the approach to processing this information.

Signed.....

Date.....