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| --- | --- | --- | --- | --- | --- | --- |
| **CL ID:** |  | | | | **Referral Date:** | |
| **Referral no.s:** | | | | |
| **Action & Date:** | | | | | **Deadline (if appl):** | |
| **Referral method (tel, visit, email etc):** | | | | |
|  |  | | |  | |
| **Client Name (Title, First name, Surname):** | |  | **Client’s emergency contact details**  **(in case client taken ill during office/ home visits)** | | | |
| **Address:** | |  | **Relationship to client:** | | | |
|  | |  |  | | | |
| **Post Code:** | |  | **Name:** | | | |
| **Landline Number:** | |  |  | | | |
|  | |  | **Address:** | | | |
| **Mobile:** | |  |  | | | |
|  | |  | **Tel no:** | | | |
| **Date of Birth:** | |  |  | | | |
| **NI Number:** | |  |  | | | |
|  | |  | **Referred by - name:** | | | |
| **GP Surgery:** | |  | **Relationship to client/organisation:** | | | |
| **Registered disabled? Yes / No** | |  |  | | | |
| **Illnesses/Disabilities?** | |  | **Contact tel and/or email:** | | | |
|  | |  |  | | | |
|  | |  | *External referring agencies: please email completed form to:* | | | |
|  | |  | **reception@agecymruceredigion.org.uk** | | | |
| **Reason for Referral:**  **Home visit needed?**  **Preferred Language: Welsh / English** | | | | | | |

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| **Age Cymru Ceredigion Consent Form** | | | | | |
| Our services are: | | | | | |
| Independent Impartial Confidential | | | | |
| We will provide our services based on the information you provide to us. Should the information provided to us prove to be inaccurate or incomplete the advice we give may also be inaccurate. As such, Age Cymru Ceredigion cannot accept responsibility for any financial or other loss when we have acted in good faith. | | | | | |
| *To comply with the Data Protection Act 1998 we must have client consent if we are to store sensitive data about them or allow such data to be used by third parties.* | | | | | |
| In order to be able to help you best we need to store information about you. By law, we must have your consent if we are to do this. Any information that you give us will be treated confidentially.  We may also need to speak or write to other people, on your behalf. We must have your consent if we are to do this. Before any contact with others about your case, we will seek your agreement.  Any information you share with us is confidential within the organisation unless the information you give us suggests there is an adult at risk when we would have to share this information with the relevant agencies.  In order to ensure that the service we provide is of a high quality, a sample of our files is examined by a third party. We need your consent if your file is to be examined in this way.  You are free to withdraw your consent at any time without giving any reason. Should you choose to do so, the service you receive from us will not be affected in any way.  If you choose not to sign this consent form, then unfortunately Age Cymru Ceredigion cannot store any information about you or write to third parties on your behalf.  We can still deal with your case but can only draft letters for you to sign and send.  **Please tick box against each statement to which you give consent and then sign below.** | | | | | |
| **Statement 1:** I give consent for Age Cymru Ceredigion to record and store personal information about me. I understand that any such information will be stored in accordance with the Data Protection Act. | | | |  | |
|  | | | |  | |
| **Statement 2:** I give consent for Age Cymru Ceredigion to correspond on my behalf with relevant third parties. | | | |  | |
|  | | | |  | |
| **Statement 3:** I give consent for my records to be examined by a third party as part of the audit of Age Cymru Ceredigion’s files for quality control purposes. | | | |  | |
| *Signature* |  | *Date* |  | | |
| *Print name* |  |  |  | | |

|  |  |
| --- | --- |
| **Verbal consent given *(eg by telephone contact).* Please tick box.** |  |