



# Lunch Club Application Form

Lunch Clubs are a service for independent people over the age of 55

To obtain a place you need to be able to access the service independently. Consideration will be given to applicants who are receiving a day service or will require some assistance or support within this service.

Details of the Lunch Clubs can also be found on our website [www.ageukoldham.org.uk](http://www.ageukoldham.org.uk)

**Please complete with as much information as possible:**

Lunch Club applied for:		Date of application:	
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Name:			
Address:			
Post Code		Religion:	
Telephone Contact:		Date of Birth	

Next of Kin Name:		Relationship:	
Address:			
Post Code:		Telephone No:	
Local contact Name <i>(in case of emergency)</i>		Telephone:	
GP Name:		GP Contact Number:	
GP Address:			
Form completed by:			
<i>If not yourself, please state relationship to applicant:</i>			
Contact Telephone:		Contact Email:	
How did you hear about this service?			

**Please answer the following questions:**

1. Do you have Social Worker?  <i>If yes please give name and contact details if known:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you receive any of these services?	Home Care <input type="checkbox"/> Private Care <input type="checkbox"/> Day Care <input type="checkbox"/>
3. Do you have any mobility problems? <i>If yes please tell us what help /aids / assistance you require:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Which type of transport will you be using?	Ring and Ride <input type="checkbox"/> Public Transport <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/>
5. Do you have any problems with your memory? <i>If yes please explain what support you would need to access this service and assistance required whilst at the Lunch Club:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you registered blind or partially sighted? <i>If yes will you require assistance to move around the building / access toilet area:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you have a hearing impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are you diabetic?  <i>If yes, are you controlled by:</i>  <i>Please list medication taken:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Diet <input type="checkbox"/> Medication <input type="checkbox"/> Insulin <input type="checkbox"/>
9. Special dietary requirements: i.e. low fat etc	
<b>Please describe any further information with regards to your health and details of any support you may require to access this service:</b>	

Please return this form to: Age UK Oldham, 10 Church Lane, Oldham OL1 3AN - 0161 633 0213  
 Or email to: [sue.fletcher@ageukoldham.org.uk](mailto:sue.fletcher@ageukoldham.org.uk) or [kryshia.winkler@ageukoldham.org.uk](mailto:kryshia.winkler@ageukoldham.org.uk)

## **CONSENT to HOLD and SHARE PERSONAL INFORMATION**

Under the General Data Protection Regulations (GDPR) 2018 you have a right to privacy and confidentiality, to have your information treated safely and securely and to make your own decisions about how your information is shared.

We need your consent to hold, use and retain your personal information in order to meet your needs effectively, to provide you with services and advice or as required by law or regulatory requirements. We treat any information you give us as being confidential to the whole organisation. We will only ask you for the minimum amount of essential personal information in order to provide you with the support you require.

Access to your personal information will be on a strict 'need to know' basis and we will always ensure that the information we keep or transfer to others is always safe and secure. Our systems are protected to ensure that unauthorised or unlawful processing of personal information, accidental loss or destruction of, or damage to, personal information does not occur. We will always tell you if there have been any breaches in how we have kept or handled your personal information and will take immediate action to ensure there is no risk to you. We will ask your permission before sharing your personal information with other organisations in order to provide you with the support you require. You have the right to object and refuse the sharing of your personal information unless we believe there are serious concerns about health, safety or legality. In these situations, we will tell you what we are doing.

You may withdraw your 'consent to hold and share' at any time by speaking to your Age UK Oldham contact.

You can ask your Age UK Oldham contact to show you the information we are holding about you (known as a Subject Access request) and if the details are inaccurate you can ask us to amend or erase. You may also ask us to restrict access to your information.

We will securely store your information for 6 years in order to meet our legal obligations and to make it easier for you if you come back to us in the future. After 6 years your personal information will be securely destroyed.

Samples of Age UK Oldham case files are occasionally checked by external organisations and funders to check the quality of the services we have provided to you. They will keep all information confidential. We will only let them see your files where we have your consent to do so.

If you are unhappy with how we have met your rights for Data Protection, we will support you to make a complaint through the Organisation's Complaint procedure or to complain directly to the Information Commissioners Office.

PURPOSE FOR WHICH CONSENT IS BEING SOUGHT:  
To provide Age UK Oldham services.  
To fulfil Age UK Oldham's legal obligations to commissioners and funders.

- (a) I consent to Age UK Oldham recording and storing my personal information for the above purposes
- (b) I consent to external assessors looking at my case files
- (c) I consent to Age UK Oldham corresponding on my behalf with external organisations relevant to the Age UK Oldham services I receive

Signature.....

Signature of representative..... Relationship.....

Name..... Date.....

Address.....

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Signature Age UK Oldham representative.....

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Amendments and changes to consent.....

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