

# Rutland Community Wellbeing Service Referral Form

Rutland Access Partnership  
 Citizens Advice Rutland  
 56 High Street  
 Oakham  
 LE15 6AL



**Phone:** 01572 725805  
**Fax:** 01572 722568  
**Email:** rutland.wellbeing@citizensadvicrutland.org.uk  
**Website:** www.rutlandwellbeing.org.uk

OFFICE USE ONLY	
<b>Date Referral Received</b>	

Please send completed referral forms to the Rutland Access Partnership via email, post or fax. Alternatively, forms can be completed via telephone by the RAP Administrator.

For further information, or if you would like a discussion prior to referral, you can speak to our RAP Administrator directly.

<b>RAP Administrator: Clare Thomas</b>
<b>Telephone:</b> 01572 725805
<b>Email:</b> rutland.wellbeing@citizensadvicrutland.org.uk

## Privacy Notice – Data Protection Act 1998

Rutland Access Partnership, Age UK and Vista collect and hold personal data about service users for whom they provide support and advice. We use this data to:

- Make decisions about your support and advice needs
- Help us to work with you and agree the support and advice you need
- Make sure your accommodation, support and advice is safe and effective
- Work effectively with others who may also provide you with support and advice
- Make sure we manage our services effectively

This includes personal characteristics and sensitive information relevant for the services we provide. The information we collect may be stored electronically, on paper or a mixture of both, and we use a combination of working practices and technology to ensure that your information is kept confidential and secure.

We will not disclose any information that you provide 'in confidence' to anyone else without your permission, except in the few situations where disclosure is required by law, or where we have good reason to believe that failing to share the information would put someone at risk.

On occasion, we will provide personal information to external organisations who are working with us on a specific project or delivery of specific services. This is done under strict agreements regarding the security and confidential use of all personal data.

<b>Signed</b>	
<b>Date</b>	
<b>If not available, verbal consent given?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Personal Details			
Title			
Name			
Date of Birth			
NI Number		Telephone	
Address			
Postcode			
Email Address			
First Language		Interpreter Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Alternative Contact <i>(for contacting regarding appointment times etc.)</i>	
Name	
Telephone	
Relationship to you	
Address	

Support/Service Needs <i>(Please tick all that apply to help us identify the best service(s) to meet your needs)</i>			
Benefit/Income Issues <input type="checkbox"/>	Tenancy Issues <input type="checkbox"/>	Carer <input type="checkbox"/>	Sight/Hearing Loss <input type="checkbox"/>
Homelessness Advice <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>	Support for Older People <input type="checkbox"/>	Sexual Health Advice <input type="checkbox"/>
General Health and Wellbeing Advice <input type="checkbox"/>	Alcohol Misuse <input type="checkbox"/>	Dementia Support <input type="checkbox"/>	Weight Loss Advice <input type="checkbox"/>
Smoking Cessation <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Physical Activity <input type="checkbox"/>	Social Isolation <input type="checkbox"/>
Other:			

Source of Income <i>(please tick)</i>			
Full time employment <input type="checkbox"/>	Part time employment <input type="checkbox"/>	DLA /PIP <input type="checkbox"/>	Income Support <input type="checkbox"/>
Child Benefit <input type="checkbox"/>	ESA <input type="checkbox"/>	JSA <input type="checkbox"/>	Pension <input type="checkbox"/>
Pension Credit <input type="checkbox"/>	Housing Benefit <input type="checkbox"/>	Attendance Allowance <input type="checkbox"/>	Bereavement Benefits <input type="checkbox"/>
Carer's Allowance <input type="checkbox"/>	Guardians Allowance <input type="checkbox"/>	Maternity Allowance <input type="checkbox"/>	Child Tax Credit <input type="checkbox"/>
Working Tax Credit <input type="checkbox"/>	Universal Credit <input type="checkbox"/>	Armed Forces Independence Payment <input type="checkbox"/>	Armed Forces Pension <input type="checkbox"/>
Other:			

## Client Consent

*I hereby give permission for information relating to me and my support/advice needs to be recorded, processed and shared by, and between, the referring agency and The Bridge, Spire Homes and Citizens Advice Rutland (Rutland Access Partnership) alongside Age UK and Vista with the understanding that this will not be disclosed to third parties without prior consent (unless there is a risk of harm to myself/others or criminal activity).*

Print name	
Date	
Signed	
If not available, verbal consent given?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE COMPLETE MONITORING FORM ON NEXT PAGE**

## Monitoring Form

(For monitoring purposes please complete all sections. Tick only one box in each section)

<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>
<b>Ethnicity/Race</b>	<b>White</b> British <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/> <b>Mixed</b> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/> <b>Asian or Asian British</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other <input type="checkbox"/> <b>Other Ethnic Group</b> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please state) <b>Black or Black British</b> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other (please state)  Do not wish to disclose <input type="checkbox"/>
<b>Do you consider yourself to have a disability</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>