

# Rutland Community Wellbeing Service Referral Form

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

**Phone:** 01572 725805  
**Fax:** 01572 722568  
**Website:** [www.rutlandwellbeing.org.uk](http://www.rutlandwellbeing.org.uk)



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.

OFFICE USE ONLY	
Date Referral Received	

<b>RAP Administrator: Clare Thomas</b>
Telephone: 01572 725805

## Privacy Notice

Citizens Advice Rutland collects and holds your personal information. We use this information to:

- Make decisions about your support and advice needs
- Help us to work with you and agree the support and advice you need
- 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 (special category data) relevant for the services we provide. The information we collect may be stored electronically, on paper or a mixture of both. We will not disclose any information provided 'in confidence' to anyone else without 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.

We need to obtain your consent to store your information and before doing so please read our privacy statement. Please see our full privacy statement on the bottom of our website [www.rutlandwellbeing.org.uk/privacy](http://www.rutlandwellbeing.org.uk/privacy) or contact us to ask for a paper copy either by calling into our offices at the above address or phone us on 01572 725805.

Please sign below to give us your permission.

<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:			

## 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>Are you the same gender as was assigned at birth?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>
<b>Have you ever served in the Armed Forces?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>
<b>Sexual Orientation</b>	Heterosexual /Straight <input type="checkbox"/> Gay Man <input type="checkbox"/> Gay Woman / Lesbian <input type="checkbox"/> Bisexual <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"/>
<b>Religion</b>	Christian C of E <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian Other <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Jain <input type="checkbox"/> Sikh <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/>

**Client Consent**

I hereby give permission for information relating to me and my support/advice needs to be recorded and shared by Citizens Advice Rutland, The Bridge, Spire Homes, Age UK and Vista as necessary.

Your information will not be disclosed to anyone else without your permission (unless there is a risk of harm to you/others or criminal activity).

Please see our full privacy statement on the bottom of our website [www.rutlandwellbeing.org.uk/privacy](http://www.rutlandwellbeing.org.uk/privacy) or contact us to ask for a paper copy either by calling into our offices at the above address or phone us on 01572 725805.

<b>Print name</b>	
<b>Date</b>	
<b>Signed</b>	