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**Di’s Diamonds Referral and Self-Referral Form**

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| Mr / Mrs / Miss / Ms / Dr / Other  First Name: Surname: | | Gender |
| Address:    Post code: | | Date of birth: |
| Are you married or have a partner? | | |
| Landline: Mobile: | | |
| Email: | | |
| Do you live alone?  Are you in sheltered accommodation? | | |
| Ethnicity: | Faith / Religion: | |
| Which GP Practice are you with?  (You do not have to disclose this, but it would be useful for us to know how many people are being referred from the different surgeries so we can see where more advertising needs to be done.) | | |
| Do you have any medical conditions?  It would be helpful for us to know so we can support you if you are unwell | | |
| Do you consider yourself to have a disability that we need to be aware of (e.g. mobility, hearing, vision)? If yes, please state? | | |
| Are you a carer for someone else? No | | |
| Who is your next of kin – who should we first contact in an emergency?  Name:  Telephone:  Their relationship to you: | | |
| Where did you hear about Di’s Diamonds? | | |
| In order to help you, we need to store information about you. The law says that we must get your consent to do this. Everything you tell us will be treated confidentially and your data will be subject to the data protection legislation and General Data Protection Regulations. Records will be kept securely for 3 years and then securely destroyed. You can withdraw consent and request access to your records at any time.  **Please select yes to option A so we can add you to our records.**  **(a) I consent to Age UK Redbridge, Barking & Havering recording personal information about me:**  We may need to speak to other people in order to help you, we need to ask for your consent to speak on your behalf.  **(b) I consent to Age UK Redbridge, Barking & Havering corresponding on my behalf with the following third parties:**  **………………………………………………………………………………………**  **………………………………………………………………………………………**  **………………………………………………………………………………………**  Signed: .......................................................... Date:......................................... | | |
| Authorisation for photographs or video: we sometimes take photographs or film of events. Are you willing for us to include you in photos / films that may be used on leaflets, the website, our Facebook page, etc?  If yes, please sign: | | |
| Date | | |

Di’s Diamonds, Age UK, 4th Floor, 103 Cranbrook Rd, IG1 4PU [disdiamonds@ageukrbh.org.uk](mailto:disdiamonds@ageukrbh.org.uk)

Monica 07494 035 950 Mon-Fri \*Fiona 07375 704 448 Wed-Fri \*Kim 07724 508 967 Mon-Tue \*Amanda 07903 814 076 Mon-Thu