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

**We can only accept applications from those living in the boroughs of Barking & Dagenham, Havering or Redbridge**

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| Mr / Mrs / Miss / Ms / MX / Dr / Other  **First Name**: **Surname**: | | **Gender** |
| **Address**: **Borough**: Please circle B&D  Town: Havering  Post code: Redbridge | | **Date of birth** |
| **Marital status:** | | |
| **Landline:** **Mobile: Email:** | | |
| **Do you live alone?** | | |
| **Are you in sheltered accommodation?** | | |
| **Ethnicity:** | **Faith / Religion:** | |
| **Do you have any *relevant* medical conditions / medication we may need to be aware of?**  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? | | |
| **GP Surgery:**  Name: Address: | | |
| **Are you a carer for someone else?** Yes/No | | |
| **Are you a veteran?** Yes/No | | |
| **Who is your next of kin** – who should we first contact in an emergency?  Name:  Telephone:  Their relationship to you:  In case of emergency I consent to Age UK contacting my next of kin  **Signed:** .......................................................... **Date:...............................** | | |
| **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 consent to option A so we can add you to our records. We will not share your data without your permission**   1. **I consent to Age UK Redbridge, Barking & Havering recording written information about me:**   **Yes / No** Verbal consent given: Yes /No  Samples of Age UK RBH case files are checked by external auditors to check the quality of our service. They will keep all information confidential. We will only let them see files where we have consent to do so.   1. **I consent to external auditors looking at my file:**   **Yes / No** Verbal consent given: Yes /No  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 with third party external organisations.   1. **I consent to Age UK Redbridge, Barking & Havering corresponding on my behalf with the following third parties.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Yes / No** Verbal consent given: Yes /No | | |
| 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.?  **Yes / No** Verbal consent given: Yes /No | | |
| **Signed: ..........................................................**  **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*