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**Please complete all fields** – once the form is received ACT you will be contacted within 5 working days.

**Please note we are unable to accept referrals for people with Dementia or unmanaged mental health disorders.**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| DOB |  | Phone Number |  |
| Address & email address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Referring Organisation (if applicable) |  | | |
| Referrer Name |  | Phone Number |  |

|  |
| --- |
| Address of GP |
| Email address: |

|  |
| --- |
| Do you (service user) consent for us to receive information from their GP? *The information required is the number of appointments made in the three months prior to the date below and six months after the date below. No other information will be asked for the information is required to identify if this service improves health.* YES/NO  *If you consent, please ensure you sign and date below, you can still access the service if you don’t consent.* |
| Signature and Name |
| Date |

|  |
| --- |
| **Reason for Referral and what would the referred person want to achieve?** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the referred person any of the following: | | | | | |
| Over 65 |  | Under 24 |  | Lone Parent |  |
| BAME |  | LGBTQ+ |  | Lives alone |  |
| Has a long term illness or disability. | |  | Has any Mental health issues. |  | |

|  |
| --- |
| Have you ever been convicted of a violent offence? |
|  |
| Do you have any mobility issues we should know about? |
|  |
| What are your interests? |
|  |

**Anglia Care Trust Confidentiality & Data Protection**

Anglia Care Trust is committed to ensuring that your privacy is protected.

In order to offer the best service we can, we will ask you to provide certain information by which you can be identified and some of this information may be sensitive personal data.

However,  you can be assured that any data collected and stored will be held securely and only used in accordance with our Privacy Notice.

Please confirm your consent by signing below.  You can find out more about how we use your data in our Privacy Notice which is available from our website [www.angliacaretrust.org.uk](http://www.angliacaretrust.org.uk/)  Alternatively, you can request a copy from your ACT Officer or you can contact our Business Support Team on [admin@angliacaretrust.org.uk](mailto:admin@angliacaretrust.org.uk) or 01473 622888.

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

**Withdrawing Consent**

You can withdraw or change your consent at any time by contacting our Business Support Team via email at [admin@angliacaretrust.org.uk](mailto:admin@angliacaretrust.org.uk) providing your full name or via phone on 01473 622888.

**Quality Assurance Checks**

Our services can undergo quality assurance checks from external organisations such as the Advice Quality Standard (AQS).  This is for auditing purposes only.  Please tick the below box if you would like to opt out of your case file being used in these checks.