

**Self-Referral Form**

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| **Client Ref No.** |  | **SDSFV Ref No.** |  |
| **Supported Person Details** |
| **Name** |  | **Date of contact** |  |
| **Address** |  | **Telephone** |  |
| **What is the best time to contact you?**(Between 0900 – 1600) |  |
| **Email** |  |
| **Date of Birth** |  |
| **Capacity to consent?** |  |
| **Person to contact****(If not the supported person)** |
| **Contact name** |  | **Relationship** |  |
| **Guardianship/****Power of Attorney?** |  |
| **Address****(If different)** |  | **Telephone:** |  |
| **What is the best time to contact you?**(Between 0900 – 1600**)** |  |
| **Email:** |  |
| **How did you hear about SDS Forth Valley?**(Social work, carers centre, etc) |  |
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| **Background to enquiry / your situation** |
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|  |
| **Your enquiry to SDS Forth Valley** |
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**GDPR Consent**

As part of our service to you, there may be times where we share information with relevant partners for the purposes of fulfilling our contract on behalf of clients and partners. This forms part of SDS Forth Valleys and the Local Authority service agreement.

Under the Data Protection Act, General Data Protection Regulations we are required to obtain your consent before we use your personal data for certain activities. Obtaining your consent means that we are asking you to allow us to use your data. If you consent, then we are able to use your data; if you do not consent, we will not use it. We have set out below details on the data we wish to use and how you may indicate your decision

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |

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| **Reason for consent request (Enter X to consent selections)**  |

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| --- | --- |
| **X** | I consent to ILA/SDS Forth Valley holding my personal details securely |
| **X** | I consent to receiving communications from ILA/SDS Forth Valley |
| I understand and consent to ILA/SDSFV sharing information when necessary with: |
|  | Payroll Company (ICMS, Quill Accounts or other) |
|  | Insurance Indemnifier (Mark Bates – Premier Care, SPAEN etc) |
|  | Other (i.e. agency, NHS), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (If not a referral from Social Work Department)Social Work Department and NHS |

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| **Name (print)** |  |
| **Signature****(Re-type name if emailing)** |  |
| **Date** |  |

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**Bottom of Form**



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| **Withdrawing your consent** |

You can withdraw your consent at any time by contacting SDS Forth Valley 01324 508794 or by returning this sheet to info@sdsforthvalley.org

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| **Name (print)** |  |
| **Signature****(Re-type name if emailing)** |  |
| **Date** |  |

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