**ORKNEY BLIDE TRUST: Referral/Membership Form (rev. August 2020)**

**CONFIDENTIAL**

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| **Details of Member/Person being Referred** |
| **Name** |  | **Date of Referral:** |
| **Address**  |  |
| **Tel. No.**  | **Landline:** | **Mobile:** |
| **Date of Birth:**  |  | **Email:** | **Sex: M/F** |
| **GP** |  | **Mental Health Condition** |  |
| **GP’s Address** |  |
| **Please tick the service(s) of interest to member** | **Drop-In Centre Housing Support Therapeutic Blide** **Out & About Activities Befriending Time to Talk Counselling** |
| **Details of Referral** |
| **Name**  |  | **Relationship to Member** |  |
| **Address**  |  |
| **Telephone no.**  | **Landline:** | **Mobile:** |
| **Main reasons for referral (please continue over page if necessary)** |  | **Emergency Contact Details** |
| **Name:****Relationship:****Address:****Telephone:**By completing this information, you confirm you have the consent of the person specified for their details to be held for the purposes of contacting them in the event of an emergency. |
| **Is there anything else we should be aware of?** |  |
| **Signature of Member** |  |
| **Use by Orkney Blide Trust only** | **Comments?** |
| **Induction Completed?** | **Yes / No** |
| **File Created?** | **Yes / No** | **Date:** | **Key Support Worker** |  |

**Data Protection Act**

**Your personal details will not be given to anyone without your express permission unless it is necessary to do so to comply with the law or with police investigations. Information about personal details may be disclosed to, for example our funders or in our annual report but will be in statistical form only and not in any way that identifies you. The information will be held on our database and used in accordance with the Data Protection Act 1998.**