|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SCDS referral form – shaded areas are mandatory** | | | | |
| **Name:** | | | | **Referral date:** |
| **Address (including post code):** | | | | |
| **Gender:** | **Date of birth:** | | **First language:** | **Ethnicity:** |
| **Contact number:** | **Name of contact, if different from above:** | | | **Relationship to client:** |
| **Referred by:** | | **Consent for referral**  **YES/NO** | **Organisation:** | |
| **Referrer contact number:** | | | **Referrer email address:** | |
| **Formal diagnosis of dementia:**  **Yes/No/Unknown** | | | **If ‘YES’, what type of dementia was diagnosed:** | |
| **Date of diagnosis:** | **Dementia Medication: Yes/No** | | **Medication type:** | **Dosage:** |
| **If dementia is undiagnosed, does the patient have a formal diagnosis of Mild Cognitive Impairment (MCI)?**  **Yes/No/Unknown** | | | | |
| **Where and by whom was the person diagnosed?** | | | | |
| **Clients GP Practice:** | | | **NHS number:** | |
| **Consent to speak to clients GP: Yes/No** | | | | |
| **Are there any safeguarding concerns? Yes/No**  **If yes, please add details:**  **Are there any distressed behaviours? Yes/No**  **If yes, please add details:**  **Any medication concerns? Yes/No**  **If yes, please add details:**  **Does the person live alone? Yes/No**  **Are there any lone working risks? Yes/No** | | | **Has a referral been made to:**   * **ECMHT** * **Welfare rights** * **Oats Team** * **Occupational Therapists** * **Admiral Nurses** * **Any other referrals made \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Reason for referral and/or main concerns:** | |

For enquiries or referrals to the Sandwell Community Dementia Service:

please telephone on **01902 826655** or send to secure NHS email: [**bcicb.dementiasupport@nhs.net**](mailto:bcicb.dementiasupport@nhs.net)

**Fair Processing Notice**

The agencies outlined in Appendix A (below) have agreed to share information about individuals in order to promote and achieve economic, social and environmental wellbeing.

The first principle of Data Protection requires that personal data is processed fairly. This first principle is laid down in law. To meet this requirement, we are under a duty to supply you with a Fair Processing Notice.

In a sharing context, a Fair Processing Notice should at least tell a data subject:

* The identity of the organisation who controls the data you are sharing
* The reason it is being shared
* The Agencies that your information is likely to be shared with

The organisation providing you with this notice and processing the data that you have supplied is Murray Hall Community Trust as the Data Controller. ICO Registration number: Z1197200

Personal data is being shared in order to enable:

* Provision of a range of community safety interventions; health, social care and development initiatives; education and training opportunities; advice, guidance and advocacy support.
* Carrying out the administration functions of a Community Safety Partnership, Health and Social Care Provider, Education Establishment, and Investigative Agency.
* The co-ordination and joint working of partner agencies.
* Compliance with legal and statutory obligations.

All participating organisations and agencies that your information is likely to be shared will process personal data which relates to your wellbeing, development, safety, behavior, physical/mental health, social care, education, training and employment.

All members of staff employed by these agencies are bound by the common law duty of confidentiality which means that information that you provide to us must be held in confidence and not shared with anyone else unless:

* Partners are legally obliged or permitted to disclose the information to another organisation or person (for example, the Police).
* You provide consent to share the information.
* Protocols are in place permitting partners to share information about you to support any intervention or services provided.

Reasonable steps must be taken to meet service user’s communication needs. With your consent, these needs should be shared between partners in data shared as part of integrated, local data sharing processes.

Further information about the use of your personal information, how you can access or make amendments to your personal information is available by contacting our Information Officer at Murray Community Trust – Telephone 01902 826513.

**Appendix**

Agencies with whom data may be shared;

* NHS and healthcare services
* Local Authority and social care services and agencies
* Community support organisations
* Clinicians involved in supporting you with your care e.g., G.P. District Nursing staff.

**This list is not exhaustive. However, you will always be informed if we need to share your data.**