

Tel: 0121 557 5812

Date of Referral:

Client ID number:

<p>Mrs/Mr/Ms: _____</p> <p>Surname: _____</p> <p>First Name: _____</p> <p>Preferred Name: _____</p> <p>Gender: _____</p> <p>Date of Birth: _____</p> <p>Marital Status: _____</p> <p>NHS No: _____</p> <p>Religion: _____</p> <p>Ethnicity: _____</p> <p>Home Address:</p> <p>Postcode:</p> <p>Tel:</p> <p>Medical information:</p> <p>Reason for Referral:</p>	<p><u>Referred by:</u></p> <p>Name: _____</p> <p>Tel: _____</p> <p>Agency _____</p> <p><u>Referrer to confirm – has the patient given you consent to share details:</u></p> <p><u>Other Agencies involved:</u></p> <p>Name: _____</p> <p>Tel: _____</p> <p>Agency: _____</p> <p><u>Carer/NOK/emergency contact details:</u></p> <p>Name:</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>_____</p> <p>Tel: _____</p> <p><u>Client GP Details:</u></p> <p>Name: _____</p> <p>Practice: _____</p> <p>Tel: _____</p>
--	---

Any other information:

SPARCS

Data Protection Act 2018

Patient / Carer Consent Form

In order for SPARCS to be able to support you, the service will need to store and process information (Data) including contacting other organisations / professionals on your behalf.

The law requires SPARCS to have your permission to do this.

I have read the above and authorise Murray Hall Community Trust to store and process personal information while supporting me.

Name (Print): _____ Date: _____

Signature: _____

(State if Parent/Guardian/Carer is signing on their behalf)

Murray Hall Community Trust, **SPARCS**, The Bridge, St. Mark's Road, Tipton, DY4 0SL

Telephone 0121 557 5812

Registered Charity No: 1040170

Data Protection 2018 & GDPR

The information that you provide will be stored securely on MHCT's Internal server and the information will only be shared with appropriate organisations/agencies for the purpose of providing you with support or offering services to you.

We will process your data fairly, lawfully and transparently for the purposes of providing you support services. We will store your data for as long as you remain a service user, thereafter it will be destroyed in line with our organisations retention policy unless regulations override this.

** I agree for my personal information to be shared with appropriate organisations for the purpose of providing me support or offering services to me TICK

** I agree for Murray Hall & its services to contact me TICK

I understand I can withdraw my consent at any time by contacting you in writing.

NAME (print): _____ Signature: _____

Date: _____

State if Parent/Guardian/Carer is signing on their behalf: _____