**Data Protection & Consent**

**What information do you hold about me?**

In order for us to provide you with a service we need to record some of your personal information. This can include:

|  |  |
| --- | --- |
| Your nameYour addressYour telephone numbersYour email addressYour date of birth | Your ethnicityAny vulnerabilityYour nearest relative *(IMHA only)****If you are paying for a service:***Your bank details |

**What we do with your information and who we share it with**

* This information remains confidential and will only be shared with those directly involved in your support.
* We may also use general statistical information about you that has been anonymised in order to report back to the funders of the service and for internal monitoring purposes.
* We will not disclose your information to any other third parties without your permission unless there is a legal requirement to do so, or there is a safeguarding concern for which we are required by law to share information with the relevant Local Authority (this can be without your consent). However, we will always endeavour to inform you beforehand.

**How long we hold your information**

* Your information will be held securely for 7 years as required by contract, after which it will be safely destroyed.
* During this time, you have the right to request a copy of any personal information we hold about you. Should you wish to do this please ask our administration team for details.

**Feedback**

To ensure that you were happy with the service you received and to help improve our services we will contact you at the end of your support and ask you to complete a short survey. How would you like to be contacted? Please select: **Choose an item.**

* Onside ensures that it will comply with all legislation relating to the collection and retention of data including but not limited to the Data Protection Act 1998.
* Our guiding principle is that we are holding your records in strictest confidence.
* You may withdraw your consent at any time. For further information please contact our administration department.

**Consent**

☐ Yes, I consent to Onside storing and using the personal information I have provided as detailed above

Signature:

Date:

**If you are completing this form for a third party or providing anyone else’s personal information, please ensure you have their authority to share their information.**

☐ Yes I have permission to give Onside the information I have provided

☐ No, please give reasons why:

PLEASE BE AWARE THAT WE MAY NOT BE ABLE TO PROCEED WITH THE REFERRAL IF YOU DO NOT HAVE AUTHORITY TO PROVIDE THE INFORMATION

|  |
| --- |
| **Personal Details** |
| LAS number |  |
| First Name  |  | Last Name |  |
| Preferred Name |  | Gender Choose an item. |
| Pronouns | Choose an item. | Date Of Birth Click or tap to enter a date. |
| **Address** |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town / City  |  | Postcode |  |
| District | Choose an item. | Residential Status Choose an item. |
| **Contact** |
| Telephone:  |  |
| Can we leave message?  | Choose an item. |
| Email:  |  |
| **Demographics** |
| Main Vulnerability: Choose an item.  | Ethnicity Choose an item. |
| Other Vulnerabilities (choose all that apply) Choose an item. Choose an item. Choose an item. |
| Fluency in English: Choose an item. | Is an interpreter required?Choose an item. |
| Other language, please specify: |  |
| Additional Support with written communication Choose an item. | Personal Budget: Choose an item. |
| **Emergency Contact** |
| Emergency Contact Name |  |
| Relationship |  |
| Telephone |  |
| **General Notes** |
| Additional Information relevant to Service user and emergency Contact’s contact details |

|  |
| --- |
| Referral and case details (Blue Door) |
| Preferred Method of Contact | Choose an item. |
| How did the person hear about the Service? | Choose an item. |
| Referral Date | Click or tap to enter a date. | Funding Source | Choose an item. |
| Reason for referral | Choose an item. |
| Source of referral | Choose an item. |
| Who is the referral for? | Choose an item. |
| Referral for other – specify here |  |
| Name of referrer |  |
| Contact Number |  | Email |  |
| Purchase order |  |
| Team |  | BSO  |  |
| Child 01 Name |  | D.O.B dd/mm/yy  |  | LAS |  |
| Child 02 Name |  | D.O.B |  | LAS |  |
| Child 03 Name |  | D.O.B |  | LAS |  |
| Child 04 Name |  | D.O.B |  | LAS |  |
| Child 05 Name |  | D.O.B |  | LAS |  |
| Child 06 Name |  | D.O.B |  | LAS |  |
| Child 07 Name |  | D.O.B |  | LAS |  |
| Child 08 Name |  | D.O.B |  | LAS |  |
| Support Required  |
| Are there any dates/details of any meetings already arranged or any other information you think we should be aware of? Choose an item. |
| If **YES,** please specify |  |
| Early Help – Targeted Family Support | Choose an item. |
| Child in Need | Choose an item. |
| Child Protection | Choose an item. |
| Section 20, Looked after children (1-4 months into care) | Choose an item. |
| PLO process | Choose an item. |
| LA issues proceedings | Choose an item. |
| Long Term LAC | Choose an item. |
| Plan of Permanency | Choose an item. |
| Section 31 / SGO / Kinship | Choose an item. |
| **Risk Management** |
| **Emergency contact details:**  |
| Name: |  | Telephone number: |  |
| Relationship to person: |  |
| **Medical/health information:**  |
| Does the person you are referring have any medical or health issues that it would be helpful for us to know about so we can work safely with them? **Choose an item.**If yes, please provide further relevant details:  |
| **Further information:** |
| Does this person have a history of violence or aggression? **Choose an item.**If yes, please provide further relevant details: |
| If you work or your organisation work with the person that you are referring, do you have any additional precautions or protocols in place to manage risk and ensure the safety of yourself and the service user? **Choose an item.**If yes, please provide details of precautions/protocols: |
| Please highlight (as appropriate) below to tell us about any risks there may be associated with working with this individual. **Choose an item**Please tell us why you have rated the level of risk by giving us as much information as is relevant to any potential risk: |