

**CONSENT AND REGISTRATION FORM**

**Section 1: Participant Details (to be completed by all users)**

Surname: Forenames:

Address: Post code:

Date of birth: Telephone:

E-mail: Gender: Male Female Lives alone: YES NO

|  |
| --- |
| **Section 2: Emergency Contact (to be completed by all users)** Name: Address: Mobile: |
| **Section 3: Authority and Consent: (to be completed by all users)**  |

In order for us to help you with your issue we need to record your personal details and information about your issue. To comply with the Data Protection Act (1998) we must tell you how we use this data and ask for your permission. By ticking the boxes and signing this form you are providing your permission for us to process your data for the purposes below. Please see the enclosed leaflet for more details about how we use and store your information.

 Please tick

1. I give consent for Linkage+ to record and use my personal information and details to help with my issue(s). I understand my record will be kept for 6 years only.

1. I give consent for Linkage+ to refer me to or share my personal information with other organisations that are better placed to help me as shown in the case notes on my case.

1. I give consent for the Linkage+ Partnership to contact me for feedback, let me know activities/events that might interest me or to ask me about the outcome of my issue so that we can develop the service for others.
2. I give consent for the LinkAge+ Partnership to share anonymised information about me and my case with our funders to help show the impact of the Linkage+ service and help ensure it continues.

Name of Client Date Signature

Name of Representative Date Signature

* 1. **How old are you?**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 45-54  |   | 55-64  |   | 65-74  |   | 75-84  |   | 85+  |   | Prefer NS  |   |

* 1. **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes  |   | No  |   |  Prefer not to say |

Please state the type of health problem or disability that applies to you?

*(People may experience more than one type of disability or health problem, in which case you may indicate more than one. If none of the categories applies, please mark ‘Other’ and specify the type of health problem or disability.)*

|  |  |
| --- | --- |
| Sensory impairment, (such as being blind / having a visual impairment or being deaf / having a hearing impairment)  |   |
| Physical impairment, (such as using a wheelchair to get around and / or difficulty using your arms)  |   |
| Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)  |   |
| Mental health condition, (such as depression or schizophrenia)  |   |
| Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)  |   |
| Prefer to self-describe (please specify):  |   |
| Prefer not to say  |   |

* 1. **Which best describes your gender?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male  |   | Female  |   | Prefer not to say   |   | Prefer to self-describe (please specify)  |   |

* 1. **Is your gender identity the same as the sex you were assigned at birth?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes  |   |  No |   | Prefer not to say |   |

1. **Which of the following describes your sex?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Man |   | Women  |   | Intersex  |   | Prefer not say |   | Prefer to self-describe (please specify): |   |

1. **Are you legally married or in a civil partnership?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |   | No  |   | Prefer not say  |   |

1. **Which best describes your current marital, civil partnership or cohabitation status?**

|  |  |
| --- | --- |
| Single (never married or never registered a civil partnership)  |  |
| Married  |  |
| In a registered civil partnership  |  |
| Separated, but still legally married  |  |
| Divorced  |  |
| Formerly in a registered civil partnership which is now dissolved  |  |
| Widowed  |  |
| Surviving partner from a registered civil partnership  |  |
| Cohabitating with a partner  |  |
| Prefer not to say  |  |

1. **Are you currently pregnant or did you give birth in the last twelve months?**

The Equality Act (2010) protects individuals who are currently pregnant and up to 26 weeks of their maternity. The Act provides further protection for individuals beyond the 26 week period (such as breastfeeding mothers).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes  |   | No  |   | Prefer not say  |   |

1. **How would you describe your ethnic group?**

* + **White**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| British   |   | Irish   |   |  | Irish Traveller of Irish heritage   |   | Gypsy /Roma  |   |   | Any other White background   |   |
|  **Mixed**  |  |  |  |  |  |
| White and Black Caribbean   |   |  | White and Black African   |   | White and Asian   |   | Any other Mixed background  |   |
|   **Asian / Asian British**  |  |  |  |  |
| Indian   |   | Pakistani  |   | Bangladeshi   |   | Any other Asian background   |   |

* + **Black / Black British:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Caribbean   |   | African    |   | Somali    |   | Any other Black / African / Caribbean background  |   |
|  **Other ethnic group:**   |  |  |  |  |  |
| Chinese   |   | Vietnamese   |   | Any other background  |   | Prefer not to say  |   |

1. **What is your religion or belief?**

|  |  |
| --- | --- |
| No religion or belief  |  |
| Agnostic  |  |
| Muslim  |  |
| Christian  |  |
| Jewish  |  |
| Buddhist  |  |
| Sikh  |  |
| Hindu  |  |
| Humanist  |  |
| Prefer not to say  |  |
| Prefer to self-describe (please specify |  |

1. **Which of the following describes your sexual orientation?**

|  |  |
| --- | --- |
| Gay man |  |
| Gay woman/lesbian  |  |
| Bisexual (attracted to men and women)  |  |
| Heterosexual/straight  |  |
| Prefer not to say  |  |
| Prefer to self-describe (please specify): |  |

1. **Do you have caring or parenting responsibilities? (for example, childcare or dependent adults)**

|  |  |
| --- | --- |
| Yes  |  |
| No  |  |
| Prefer not to say |  |

**Please state reason for referral:**



# Useful information about privacy and consent

**What is personal and sensitive data?**

Personal data is data which can be used to identify you. This may include your name, date of birth, address, telephone number etc. Sensitive data is information related to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.

**The kind of information we record and use**

It is up to you to decide what you share with us. Some information is personal, it could be used to identify you. This includes your name, date of birth, address, or phone number. Some may be sensitive information related to your racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences or convictions.

**How we’ll store your information**

We’ll store the record of your case in a secure case management system, which is only accessed by the Linkage+ partner who helped you or Toynbee Hall who manage the case management system used by the majority of partners. Paper copies of your information may also be stored securely and accessed by staff and volunteers of the Linkage+ partner who helped you.

**Giving consent without using your real name**

You can consent without using your real name, but we can’t advise you unless we create an unnamed record of your case, which we need for quality assurance purposes. Other personal information might be recorded if you choose to give it to us. Choosing not to use your real name will not affect the level of service or advice you receive, and we’ll never try and identify you if you have chosen to be an unnamed client. If you choose to be an unnamed client we will give you a reference number for your case instead.

**How we might share your personal information**

We won’t share your personal information without your permission, unless we’re required to do so by law, for example in safeguarding situations. We might ask another part of the Linkage+ Partnership to contact you, so we can find out if you were satisfied with the service you received and the impact of the help you received from us.

We will share anonymised (unnamed) information about you, how you contacted us, what type of help you needed, what level of support you received, and the impact of that help with our funders.

**How long will you keep my information**

We will keep a copy of your information on our computer for 6 years after our last contact with you. If we do not hear from you for 6 years we will remove your information and destroy any paper records we are holding.

**Complaints handling procedure**

We follow the [ICO Data Sharing Code of Practice](https://ico.org.uk/media/for-organisations/documents/1068/data_sharing_code_of_practice.pdf) to ensure the we treat your information with the same level of care that we do our own, If you're unhappy with how we record and use your information please contact us at complaints@toynbeehall.org.uk and you may wish to look at our [complaints procedure.](https://www.citizensadvice.org.uk/about-us/contact-us/complaints/))

**Wellbeing Scale**

On a scale of 1 to 5 where

1 = None of the time

2 = Hardly ever

3 = Some of the time

4 = Often

5 = All of the time

Please rate the following statements:

**Survey questions**

**Q1.** I am able to make my own choices \*

1= None of the time

2 = Hardly ever

3 = Some of the time

4 = Often

5 = All of the time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**Q2.** I feel connected to other people \*

1= None of the time

2 = Hardly ever

3 = Some of the time

4 = Often

5 = All of the time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**Q3.** I feel physically well \*

1= None of the time

2 = Hardly ever

3 = Some of the time

4 = Often

5 = All of the time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**Q4.** I feel good about myself \*

1= None of the time

2 = Hardly ever

3 = Some of the time

4 = Often

5 = All of the time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**Q5.** I've been interested in getting involved in activities \*

1= None of the time

2 = Hardly ever

3 = Some of the time

4 = Often

5 = All of the time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**Q6.** I feel confident \*

1= None of the time

2 = Hardly ever

3 = Some of the time

4 = Often

5 = All of the time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**Q7.** I feel respected and heard \*

1= None of the time

2 = Hardly ever

3 = Some of the time

4 = Often

5 = All of the time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

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**Falls Screening**

If 1 or 2 are ticked (lower risk) – Give Falls and Bone Health advice leaflet

If 3 or more are ticked (higher risk of falls) – Refer person to the Tower Hamlets Falls Prevention Team

**Survey questions**

**Q1.** Please tick all the following that apply.\*

[ ]  Have you fallen in the last year?

[ ]  Are you on 4 or more medications a day?

[ ]  Does the person have a long-term neurological condition? (e.g. Stroke/Parkinson’s)

[ ]  Do you have any problems with balance?

[ ]  Does the person need to use their arms to get up from a chair?

**Q2.** What action was / will be taken? \*

If 1 or 2 are ticked (lower risk) – Give Falls and Bone Health advice leaflet

If 3 or more are ticked (higher risk of falls) – Refer person to the Tower Hamlets Falls Prevention Team

[ ]  Leaflet given

[ ]  Referral made

[ ]  No further action needed

[ ]  Referral declined

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