BEYOND LIMITS REFERRAL FORM

Please complete the following and Email to ***linzinicholls.bl@gmail.com***

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Address:****Postcode:** |  |
| **Telephone** |  |
| **Email address** |  |
| **How many adults in the household?** |
| **How many children are in the household? What ages are they?** |
| **What items/pack are you requesting?**  |
| **Name/Address of Referring Organisation:** |  |
| **Verbal Authorisation received from service user to make referral? (Yes/No)** |  |
| **Evidence of need seen? (Yes/No)** |  |
| **Signature** |  |
| **Date** |  |

**Please briefly explain why you need our support**

**GDPR client permission and consent**

When we record and use your personal information we:

Only access it when we have a good reason. Only share what is necessary and relevant. Don’t sell it to commercial organisations

We need to record information about you to help with your enquiry. We have a legitimate interest to do this. Please let us know if you’d like more information about how we’ll use your data.

We need your consent to record and use your special category personal data

We need your explicit consent to use some information, including your ethnicity, religion, health conditions, etc. If you agree, we’ll use this information, which is known as ‘special category personal data’ to help us gather data to improve our service and support our research in a way that you can’t be identified.  We’ll make sure all your information is kept safe.  By ticking the box below you consent to Beyond Limits recording any special category personal data you choose to provide Beyond Limits.

**Yes, I consent to you holding information☐**

|  |  |
| --- | --- |
| Name: |  |
| Signature: | Date: |