**Consent and Registration Form**

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| **Section 1: Participant Details** | | | | | | | |
| **(To be completed by all clients)** | | | | | | | |
| First Name: |  | | Last Name: | |  | | |
| Nickname: |  | | Date of Birth: | |  | | |
| Gender: | Male □ | Female □ | Prefer not to say □ | | Other□\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Address: |  | | | | Postcode: |  | |
|  | | | |
| Email: |  | | Mobile Phone: | |  | | |
| Other Telephone Number: | | |  | | | | |
| **Section 2: Medical Details** | | | | | | | | |
| **(To be completed by clients only if relevant)** | | | | | | | | |
| **If you have a specific medical condition, please note below:** | | | | | | | | |
|  | | | | | | | | |
| Any other conditions, allergies, or dietary requirements, etc: | | | | | | | | |
|  | | | | | | | | |
| **Section 3: Equalities Details** | | | | | | | | |
| **(To be completed by all clients)** | | | | | | | | |
| Do you have any of the following disabilities? (Please circle) | | | | | | | | |
| Hearing impairment | | | | Learning Disability | | | | |
| Long standing illness or health condition | | | | Mental Health Condition | | | | |
| Health problem (no disability) | | | | Other | | | | |
| Physical Impairment | | | | Vision Impairment | | | | |
| **Section 4: Database Permission** | | | | | | | | |
| **(To be completed by all clients)** | | | | | | | | |
| I give consent for Neighbours in Poplar to use photos or other media of me. | | | | | | | □ | |
| I am happy to receive surveys via the Neighbours in Poplar database. | | | | | | | □ | |
| I am happy to receive emails via the Neighbours in Poplar database. | | | | | | | □ | |

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| **Section 5: Monitoring Information** | | | | | | | | | | | | | | | |
| **(To be completed by all clients)** | | | | | | | | | | | | | | | |
| **Housing Status (Please circle):** | | | | | | | | | | | | | | | |
| Rent - Council | | | | Rent – Housing Association | | | | | Rent - Private | | | | | | |
| Rent – Lodger | | | | Home Owner – Own Outright | | | | | Home Owner - Mortgage | | | | | | |
| Living with Family – Paying Rent | | | | Living with Family –Rent Free | | | | | Homeless – Rough Sleeper | | | | | | |
| Homeless – Sofa Surfing | | | | Homeless – Other | | | | | Hostel | | | | | | |
| Sheltered Housing | | | | Supported Housing | | | | | Tied Accommodation | | | | | | |
| Prison | | | | Squatting | | | | | Prefer not to say | | | | | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Who else lives with you? (Please circle):** | | | | | | | | | | | | | | | |
| Husband, wife, or partner | | | | Dependent Children | | | | | Non-dependent Children | | | | | | |
| Parent/s | | | | Other Relatives | | | | | Other Adults (Non-Relatives) | | | | | | |
| No one, I live alone | | | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Prefer not to say | | | | | | |
| **Marital Status (Please circle):** | | | | | | | | | | | | | | | |
| Single | | | | Married | | | | | Civil partnership | | | | | | |
| Cohabiting | | | | Separated | | | | | Divorced | | | | | | |
| Widowed | | | | Prefer not to say | | | | | | | | | | | |
| **Ethnic Origin (please circle):** | | | | | | | | | | | | | | | |
| Asian or Asian British: Bangladeshi | | | | | | Mixed: White & Black African | | | | | | | | | |
| Asian or Asian British: Pakistani | | | | | | Mixed: Any Other Mixed Background | | | | | | | | | |
| Asian or Asian British: Chinese | | | | | | White British | | | | | | | | | |
| Asian/Asian British/Other Asian Background | | | | | | White Irish | | | | | | | | | |
| Black or Black British: Caribbean | | | | | | White Other | | | | | | | | | |
| Black or Black British: African | | | | | | Middle Eastern | | | | | | | | | |
| Black or Black British: Somali | | | | | | South American | | | | | | | | | |
| Black/Black British/Other Black Background | | | | | | Romany, Gypsy, Traveller | | | | | | | | | |
| Mixed: White & Asian | | | | | | Prefer not to say | | | | | | | | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Health issues (Please circle):** | | | | | | | | | | | | | | | |
| None | | | | | Mental Ill Health | | | | | Hearing impairment | | | | | |
| Health problem (no disability) | | | | | Long-term illness | | | | | Physical Disability | | | | | |
| Learning Disability | | | | | Blind/partially sighted | | | | | Prefer not to say | | | | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Preferred Spoken Language (Please circle):** | | | | | | | | | | | | | | | |
| Arabic | | French | | | Pakistani | | | | | Sign Language | | | | | |
| Bengali/ Sylheti | | German | | | Pashtun | | | | | Somali | | | | | |
| Chinese | | Gujarati | | | Polish | | | | | Spanish | | | | | |
| English | | Hindi | | | Punjabi | | | | | Turkish | | | | | |
| Farsi | | Kurdish | | | Romanian | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Do you require an interpreter? | | | | | Yes □ | | | | | No □ | | | | | |
| **Section 6: Emergency/ Alternative Contact** | | | | | | | | | | | | | | | |
| **(To be completed by all clients)** | | | | | | | | | | | | | | | |
| First Name: |  | | | | | | Surname: | | | | |  | | | |
| Contact Number: |  | | | | | | Relationship to you: | | | | |  | | | |
| **Section 7: Authority and Consent** | | | | | | | | | | | | | | | |
| **(To be completed by all clients)** | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | |
| 1. I give consent for Neighbours in Poplar to record and use my data anonymously. | | | | | | | | | | | | | | | □ |
| 1. I consent to special category data (e.g., ethnicity, health) being recorded for statistical purposes. | | | | | | | | | | | | | | | □ |
| 1. I give consent for Neighbours in Poplar to pass on my details internally for evaluation. | | | | | | | | | | | | | | | □ |
| 1. I give consent for Neighbours in Poplar and the Linkage+ Partnership to correspond on my behalf with other organisations that are better placed to help me as shown in the case notes on my case. | | | | | | | | | | | | | | | □ |
| 1. I give consent over the telephone. | | | | | | | | | | | | | | | □ |
| **Section 8: Source of Referral** | | | | | | | | | | | | | | | |
| **(To be completed by all clients)** | | | | | | | | | | | | | | | |
| **Who referred you to our services? (Please circle)** | | | | | | | | | | | | | | | |
| Adult Social Care Team | | | La+ Hub/ Staff | | | | Family or Friend | | | | | | Social Prescribing Team | | |
| Carer | | | Mental Health | | | | GP | | | | | | Voluntary Organisation | | |
| Falls Team | | | Physical And Learning Disability Team | | | | Hospital Social Care Team | | | | | | Self | | |
| Housing | | | Other Health | | | | Sensory Impairment Team | | | | | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Which of the following are you interested in? (Please circle)** | | | | | | | | | | | | | | | |
| The Cultural Programme and Community Decision Making | | | | | | | Wellbeing Services | | | | | | Youth Services | | |
| Play Work and Activities | | | | | | | Advice Services | | | | | | LinkAge + Services | | |
| Client name: | | |  | | | | Date: |  | | | Signature: | | |  | |

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| **Section 9: Data Input** | | | | |
| **(To be completed by staff)** | | | | |
| Client has been added to database: | | □ | Date: |  |
| Client ID: |  | Staff Name: |  | |
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| **Notes:** |
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