

Consent and Registration Form

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| **OFFICE USE ONLY: Data Input** | | | | |
| **(To be completed by staff)** | | | | |
| Client has been added to database: | | □ | Date: |  |
| Client ID: |  | Staff Name: |  | |

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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 | | | | | |

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| **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. | | | | | | | | | □ |
| 2. I consent to special category data (e.g., ethnicity, health) being recorded  for statistical purposes. | | | | | | | | | □ |
| 3. I give consent for Neighbours in Poplar to pass on my details internally for  evaluation. | | | | | | | | | □ |
| 4. 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. | | | | | | | | | □ |
| 5. 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 | |

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| **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: | |  |

**Notes:**

# Wellbeing Scale

**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

**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

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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

**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

**Q6.** I feel confident

1= None of the time 2 = Hardly ever

3 = Some of the time 4 = Often

5 = All of the time

**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

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

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| 1 | 2 | 3 | 4 | 5 |

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| 1 | 2 | 3 | 4 | 5 |

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

# 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