

**New Client Referral/Contact Form**

Referred by: Date:

**New Referral Details -**

First Name:

Surname:

Date of Birth:

Address:

Phone number(s):

Email:

Eye Condition:

Registration (please choose one)

Severely Sight Impaired

Sight Impaired

Not Registered

Other Medical Conditions:

Reason for Referral (equipment, support, information, etc.):

How would I/the client like to be contacted? (please choose one):

Email Braille Large Print Telephone

Please return completed form to Vision Norfolk, Bradbury Activity Centre, Beckham Place, Edward Street, Norwich, NR3 3DZ, or email to office@visionnorfolk.org.uk.

If you have any questions regarding the completion of this form please contact us on 01603 573000.

**Statement of Confidentiality & Consent**

**The information provided below is about how we treat your personal information and how we share it with others.**

***Client:*** *Please read before signing. If you have difficulty in reading this please ask someone you trust to read it to you.*

**Confidentiality Statement**

The personal information you give to our workers will be treated as confidential within Vision Norfolk. We cannot keep information private between you and a single worker. This allows us to give you the same support regardless of who is on duty and to help keep the service safe for staff and clients.

* It is important that you are open with us otherwise the support we offer may be limited.
* We may need to speak to other agencies who know you to obtain or share information to provide you with the best range of services.
* We may also need to request information about you from other agencies particularly where we are evaluating or researching our services; this may also involve your details being matched to other sources of data.
* Information you give us will only be passed on to other agencies or individuals according to your written consent (below). However, there are some exceptions to this: **We are not able to guarantee confidentiality in the following circumstances:**
1. **When we feel there is serious risk of harm to yourself or others.**
2. **If we become aware of any information that would lead to the prevention or detection of crime.**

If you have any concerns or questions about the information above then please talk to one of our staff members. You also have the right under section 45 of the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) to view records kept about you.

**Information Sharing Agreement: I agree that Vision Norfolk Staff may-**

Share information that I have provided with other agencies that may be able to provide me with a service, these agencies may include health, housing, social services, benefits & employment agencies etc.

Collect information about me and my personal situation.

Keep written records in line with the Charity’s confidentiality policy and can store my anonymous data for research purposes.

By signing below, I accept full responsibility for the accuracy and completeness of the information I have given to Vision Norfolk, and understand that at no time will Vision Norfolk be liable for the outcome of any benefit claim, or for the level of benefit that may be awarded.

FULL NAME:

Signature:

Date:

Address:

Post Code: