REFERRAL CONSENT FORM

Name ..........................................................................................................

You have been referred to the Helen Bamber Foundation because your referrer believes that we may be able to support you in your legal, therapy, medical, housing and welfare needs.

We will need to review all the information provided directly to us in the referral form. Where necessary we may also need to contact your referrer, your solicitor, GP or support worker to obtain further information to better understand your needs. We will need your explicit consent to allow us to do this.

Please tick appropriate box under all sections and signing your name and date at the end of the form.

I allow the Helen Bamber Foundation to:

1. Contact the referrer for more information about me to better understand my needs, where necessary, and to inform them of the outcome of the referral.
   Yes ☐ No ☐

2. Contact my solicitor, GP/health professional or support worker to better understand my legal, therapy, medical and housing needs, and assess whether the Foundation can support me. I understand that my referrer may provide the relevant contact details to the Foundation to allow them to do this and that independent third parties cannot share any information about me to the Foundation without my consent.
   Yes ☐ No ☐

3. Review all information provided to them and to discuss my referral within the Foundation’s referrals meeting. This will allow them to carefully consider whether they can support me, or whether another organisation would be better placed to meet my needs.
   Yes ☐ No ☐

4. Record the details of my referral on the Foundation’s electronic system so the Foundation can process the referral and monitor the work that they do. I understand that the information will be kept securely and my file will be archived and destroyed in accordance with the UK’s Data Protection Regulations and the Foundation’s Data Retention policy.
   Yes ☐ No ☐

5. Use information about my referral in research and fundraising to encourage people to support the Foundation’s work. I understand that the Foundation will not give any information to anyone which will identify me, such as my name or my address.
   Yes ☐ No ☐
Signed ................................................

Dated ................................................

Referrer ............................................

Signed ............................................

**Important:**

You are under no obligation to sign this consent form and have the right to withdraw your consent at any time. However, please note that without your written consent to obtain further information about you, we will not be able to carefully consider whether we are the best organisation to support you and how best to meet your needs.

If you would like to withdraw your consent for any of the above, you can do this by speaking to a member of staff at our Foundation on 020 3058 2020.