

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.

As set out in our client referral privacy notice (available on our website) the Helen Bamber Foundation needs to process, store, use and share your personal information in a number of ways to enable us to process your referral for support within our Model of Integrated Care. We request your consent to allow us to do this.

Please read the following and let us know that you understand and agree to the processing described by ticking the box in each section and signing your name and date at the end of this form. Please be aware that if you do not provide your consent in relation to sections 1, 2 and 3, we will unfortunately not be able to consider your referral.

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

1. Contacting with the referrer

I agree to the Helen Bamber Foundation contacting 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. Sharing necessary information about me, including (a) information about my physical and mental health (including full medical records), and (b) my legal and immigration status with specified third parties in order to process the referral.

I agree to the Helen Bamber Foundation contacting 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

Founder: Helen Bamber OBE, DU (Essex)

President: Emma Thompson (DBE)

Human Rights Advisory Group

Sir Nicolas Bratza, Parosha Chandran, Shu Shin Luh

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Honorary Medical and Research Director: Prof. Cornelius Katona MD FRCPsych

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3. Reviewing all information provided in order to discuss and process my referral for support.

I agree to the Helen Bamber Foundation processing and discussing my referral within the Foundation's referrals meeting. This is so the multi-disciplinary team can carefully consider whether they can support me, or whether another organisation would be better placed to meet my needs.

Yes No

4. Use of information about my referral to help the Helen Bamber Foundation continue and improve its services.

I agree to the Helen Bamber Foundation using my personal data to help the Foundation to improve its service by telling people and organisations about the work that it does so that they will support their work. For example, information about my experiences may be used as case studies for policy and research work and fundraising applications. 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

5. Storing my information

I agree to the Helen Bamber Foundation recording and storing my personal information securely in paper and/or electronic files as necessary. I understand that my file will be electronically archived and eventually securely destroyed in accordance with the UK's data protection legislation and the Foundation's retention policy.

Yes No

Signed

Referrer

Dated

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.