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| Reference number |  |  | **/201\_** | Date: | /       /201\_ |

**CLIENT REGISTRATION FORM**

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| --- | --- | --- | --- |
| Your details | | | |
| Title: | Mr/Mrs/Ms/Miss/other (please specify): | | |
| First Name: |  | | |
| Surname |  | | |
| DOB: |  | | |
| Address: |  | | |
| Town: |  | Postcode: |  |
| Home Tel: |  | Mobile Tel: |  |
| Email address: |  | | |

## Client authorisation / consent to enter personal information into PKAVS’ database and to share it with other organisations if required / requested when dealing on client’s behalf

|  |  |  |  |
| --- | --- | --- | --- |
| * Staff has explained to me my rights with regard to PKAVS services and their responsibility about Data Protection. * I understand that by signing this authorisation I give permission to deal on my behalf and to enter my personal information into PKAVS’ database. * I realise that PKAVS may be required by law or by organisations to collect and share certain personal information. * I understand that, for the purposes of reporting requirements or advocacy, my information will be used without revealing my name or other information which would identify me. * I maintain the right to choose to have all or just part of my personal information entered into PKAVS database. * I have the right to request that specific personal information I have given be deleted from the PKAVS database. * I can ask to see a document which lists the persons who have viewed or updated my client record. * I understand that project will take care to ensure confidentiality is maintained at all times. * If I have any concerns about how my personal data is being used or entered into the database I can contact PKAVS Minority Communities Hub Coordinator or Manager**.**   I authorise PKAVSto enter my personal information into PKAVS’ database and to use it for other purposes as required. | | | |
| **I give my consent for PKAVS to take appropriate photos of me for the purpose of publicising and promoting their service. (please tick the box if you agree)**  Please remember PKAVS cannot guarantee photos being copied from our website, social network sites and used by others. | | | |
| **Data Protection Statement: PKAVS** will process your information fairly and lawfully and in accordance with the principles of the Data Protection Act 1998. By signing this registration form you consent to us circulating the information submitted (which may include personal data about the individual or individuals designated as the contact person or persons for the organisation in need of assistance) to advisors who may be able to assist. | | | |
| Client Signature |  | Date: |  |
| Agency Witness Signature |  | Date: |  |

**Client’s Statistical Equality Information**

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| --- | --- | --- | --- |
| How long have you been staying in Perth and Kinross? | | | |
|  | years |  | months |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Which of these best describe your ethnic group? *Please tick the box* | | | | | |
| UK - English / Scottish  / Welsh / Northern Irish |  | Indian |  | African |  |
| Gypsy or Other Traveller |  | Pakistani |  | Caribbean |  |
| Polish |  | Bangladeshi |  |  |  |
| Slovak |  | Chinese |  | Other Black |  |
| Czech |  | Other Asian Background |  | Arab |  |
| Romanian |  | Mixed Ethnic Background |  | Other Ethnic Group |  |
| Any Other White |  |  |  |  |  |

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| Which of these best describe your age group? *Please tick the box* | | | | | | | | | | | |
| 0 - 4 yrs |  | 10 - 14 yrs |  | 20 - 24 yrs |  | 35 - 44 yrs |  | 55 - 64 yrs |  | 75 - 84 yrs |  |
| 5 - 9 yrs |  | 15 - 19 yrs |  | 25 - 34 yrs |  | 45 - 54 yrs |  | 65 - 74 yrs |  | 85+ yrs |  |

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| Which of these best describe your employment status? *Please tick the box* | | | | | |
| Employed |  | Self-employed |  | Unemployed |  |
| Student |  | House wife/husband |  | Retired |  |

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| If employed: Do you consider yourself as a person working below qualifications? *Please tick Yes or No* | | | | |
| Yes |  | No |  |  |

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| Which of these best describe your faith? *Please tick the box* | | | | | |
| Christian |  | Jewish |  | No religion |  |
| Buddhist |  | Muslim |  | Other religion |  |
| Hindu |  | Sikh |  | Prefer not to say |  |

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| Which of these best describe your sexual orientation? *Please tick the box* | | | | | |
| Heterosexual |  | Lesbian, gay or bisexual |  | Prefer not to say |  |

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| How did you find out about PKAVS? | | | | | |
| Friend/Word of mouth |  | Perth & Kinross Council |  | Search Engine (Google,Bing,etc) |  |
| Poster / Leaflet |  | NHS |  | Social Media |  |
| Event / Presentation / Training |  | Other organisation |  | Other |  |

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| Do you consider yourself to be a disabled person? *Please tick the box* | | |
| Under the Equality Act 2010 a person is considered to have a disability if he/she has a physical or mental impairment or illness, such as HIV, cancer, diabetes, heart condition, multiple sclerosis, which has sustained and substantial long term adverse effect on your ability to carry out normal day-to-day activities. |  | Yes |
|  | No |
|  | Prefer not to say |

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to be a Carer? *Please tick the box* | | |
| The Scottish Government defines carers as someone "who look after a partner, husband or wife, son or daughter, relative or friend with a disability or illness. Many carers live with the person they care for, but many look after someone who lives independently, in supported accommodation, in hospital, or in a care home".  Carers are family members or friends who look after someone without pay or financial reward. *source:* [*www.pkc.gov.uk*](http://www.pkc.gov.uk) *P&K Joint Strategy for Adult Carers and Parent Carers* |  | Yes |
|  | No |
|  | Prefer not to say |

**FOR OFFICE USE**

|  |  |  |  |  |  |
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| Client’s status: |  | Migrant worker |  | Unpaid Carer | Affected by: long-term health condition  disability  old age |

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| Date: | Action taken by: | Referral to  &  Date of referral: | Further Information: |
|  |  |  |  |

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| --- | --- | --- | --- |
| Date: | Action taken by: | Referral to  &  Date of referral: | Further Information: |
|  |  |  |  |