**CITIZENS ADVICE MEDWAY**



**THIRD PARTY REFERRAL FORM**

**About our Services**

Anyone can access our services by calling 01634 383 760 between 9am and 5pm Monday to Thursday and until 4:30pm on Fridays. Alternatively, they may leave a message by visiting [www.medwayadvice.org.uk](http://www.medwayadvice.org.uk) or emailing [info@medwayadvice.org.uk](mailto:info@medwayadvice.org.uk).

**Client Consent**

**Permission to store your data for advice and research**

We are required by law to ask for your permission to record the details of your case. The record of your case will be stored in a shared electronic case management system that can only be accessed by members of the Citizens Advice service. Anonymised data may be used for our research into problems that have an impact on a wide range of people. Paper copies of your data may also be stored securely and can only be accessed by the Citizens Advice service.

**I give my consent to the Citizens Advice service recording personal information about me.**

In addition, we need explicit consent to store your special category personal data for advice and research. Please indicate what information you’re happy for us to record by ticking the relevant boxes below.

**Ethnicity  Religion  Health Conditions**

**Sexual Orientation  Trade Union Membership**

**Client Signature / Date Consent Granted:**

**To make a referral we must know the following details:**

Do you have a partner and/or dependants, if so how many?

What is the monthly income for the WHOLE household? Please include all benefits and other sources of income separately.

Do you have savings over £8000?

How much is the rent/mortgage per month?

Who is the client’s Landlord/Mortgage provider?

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| Referred to: | Citizens Advice Medway  Third Floor, Kingsley House  37-39 Balmoral Road  Gillingham, Kent  ME7 4PF | | |
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| Tel: 01634 383 760 | | Contact Name: | Angela Wilkinson |
| Fax: 01634 383 767 | |  |  |
| Email: admin.team@medwayadvice.org.uk | | | |
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| **Client Details:** | |  | |
| Name: | |  | |
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| Address: | |  | |
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|  | |  | |
|  | |  | |
| Phone number: | |  | |
| Mobile: | |  | |
| Email address: | |  | |
| Date of Birth: | |  | |
| National Insurance Number: | |  | |
| **Referred by:** | |  | |
| Contact Name: | |  | |
|  | |  | |
| Address: | |  | |
| Phone number:  Email address: | |  | |

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| DETAILS OF ISSUE **PLEASE INCLUDE AS MUCH INFORMATION AS POSSIBLE.** |
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