



Ruach Well-Being Service - Referral Form Online/Telephone Support

<p>I consent to Ruach City Church using the information on this form for the purpose of the RWS Referral Form Online/Telephone Support process.</p>	
<p>Please tick: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Signature: _____ Date: _____</p>

Person to be verbally informed of Data Protection: Information from this form may be processed for purposes permitted under the General Data Protection Regulation. Individuals have, on written request, the right of access to personal data held about them.

Ruach City Church treats personal data collected during its processes in accordance with its data protection policy. Information about how your data is used and the basis for processing your data is provided in Ruach’s privacy notice available on our website.

Please complete this form and return to:
well-being@ruachcitychurch.org

The information will be passed to a RWS counsellor/support worker who will contact you to arrange an appointment. A Ruach administrator can complete this form on your behalf, however, your consent to the telephone support will be required before accessing the service. Please provide accurate telephone/mobile and email details to ensure we can get back to you as swiftly as possible.

Is the consultation concerning an adult or child (under 18)? (An adult can only give consent for themselves, *not* for other adults unless they hold Lasting Power of Attorney (LPA), and parents must have parental responsibility to access this service for a child).

Adult:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child:	Date of Birth:

Ruach Partner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location:
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Name:	
Telephone Number(s)	
Email:	
Summary of support required:	
Date:	
Signed:	

Allocated to:	Date:
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