**Step To Shelter Merseyside CIC**

**New Client Referral Form**

Step to Shelter Merseyside is committed to protecting your personal information. All details provided will be handled in accordance with the Data Protection Act 2018 and will not be shared without your consent.

Please return the completed form to: support@steptoshelter.co.uk

| **Refers Details**  |
| --- |
| FullName:  |  |
| Contact Number:  |  |
| Email Address  |  |
| Where are you from? (organisation) |  |
| **Client Personal Details** |
| Clients FullName  |  |
| Mobile Number. |  |
| Email Address:  |  |
| Date of Birth. |  |
| NHS Number (if known) |  |
| National Insurance Number: |  |
| Gender: |  |
| Primary Nationality: |  |
| Religion:? |  |
| **Identification & Background** Do they have a valid photo ID? ☐ Yes ☐ No Are they a Care Leaver? ☐ Yes ☐ No  |

| **Emergency/ next of kin Contact Details** Please provide us with the details of your next of kin in cause of Emergency |
| --- |
| Name:Telephone:Relation to you? |
| **Data Protection & Confidentiality Policy**: Here at **Step To Shelter Merseyside**We take our duty to protect your personal information and confidentiality seriously. We will store your information in a safe place, we won't share your information with anyone without your consent and if we do it will only be shared with the right people! Otherwise, we won’t share anything we don’t have too!  |
| I confirm that the information provided is accurate to the best of my knowledge. |
| Referees signature:Signature: Date: |
| Clients signature:Signature:  |
| ***\*Office use only*\***  |
| Manager SignatureSignature: Date: |
| Assistant Manager Signature Signature: Date: |
| Outreach Coordinator SignatureSignature: Date: |