

Title	Last Name	First Name	Date of Birth	M/F
Address		Tel No.	Ethnicity	
Postcode		Mobile	First Language (please state)	
		No phone available <input type="checkbox"/>	Communication Needs (please state overleaf)	
		Number in household		

Housing (please complete all sections as appropriate)

Owner Occupier **Rented Accommodation** **Shared Ownership**

PLEASE SPECIFY HOUSING PROVIDER

Ask these questions first		Refer	Further details
Have you got a working smoke alarm on each floor of your house, have you had a fire safety check?	YES	NO	
<i>Do you have any small jobs that need doing around the home? Please give details</i>	NO	YES	
Do you need any help to organise repairs <i>Please give details</i>	NO	YES	
Do you need any adaptations to the home? i.e. handrails <i>Please give details</i>	NO	YES	
Does anyone help look after you or do you look after anyone else (<i>family or friends</i>) state name overleaf	NO	YES	
Have you had a recent carers assessment	YES	NO	
What help is needed (Please give details)			
Are you able to keep your home warm? (<i>Have you adequate insulation and heating</i>) <i>Please give details</i>	YES	NO	
Have you fallen in the last six months	NO	YES	
Have you fallen more than once <i>Please give details</i>	NO	YES	
Would you like information on crime reduction and home security?	NO	YES	
Would you like any advice on money you may be entitled to?	NO	YES	
Are you interested in information about community transport? (<i>If you have difficulty accessing public transport easily</i>)	NO	YES	
Would you like to know more about local voluntary and community groups and clubs? (<i>or become a volunteer</i>)	NO	YES	
Would you like advice on different types of accommodation that may be available? <i>Please give details</i>	NO	YES	

Has the client any further concerns/needs ie, key safe, life line, meal at home etc

Continue overleaf

COMPLETE IN CAPITALS

Client Name:

Does the client suffer from any long term illnesses eg *asthma, arthritis, heart condition* YES NO
 Please state

Has the client any further concerns/needs YES NO

Has this been referred to anyone if so who?

Any Other Comments? (Including any health and safety issues)

Name of person completing form: PRINT NAME	Organisation: Phone No:
Signature	Date Form Completed

This form is designed to help you access services that you need. Your consent is needed to contact the agencies identified. Information provided on this form will be held securely on our Database. The information you have provided will be treated at all times in accordance with the Data Protection Act 1998 and the rights it gives to an individual

Under the Data Protection Act 1998 you have the right to access this information by contacting the information Officer on 01636 655216. The information on this form may be shared with partner organisations a full list and contact details are available on request. Under this act information on this form may be shared with partner organisations involved with First Contact Signposting Scheme.

I agree to referrals being made to the partner agencies involved with First Contact and agree to you keeping my details on your database and passing on any relevant outcomes to those partner agencies.

Signature:..... Date:.....

OR

I wish to decline these services, but agree to you keeping my details on your database:

Signature:..... Date:.....
 (Advisor to sign if via telephone with client permission)

Please send completed form to: Newark & Sherwood Energy Agency
 Phone: 01636 655596
 Fax: 01636 655595 Email help4u@nsdc.info