

If you would like to receive information on any of the services offered by First Contact please complete this form in capital letters. Complete both sides of the form and don't forget to sign it.

Title ..... First name ..... Last name .....

Address .....

.....

Postcode ..... Telephone ..... Mobile .....

No phone available  Date of birth ..... First language .....

communication needs  
(please state overleaf)

PLEASE ANSWER THE QUESTIONS BY CIRCLING YES OR NO. INCLUDE ANY ADDITIONAL INFORMATION THAT WILL HELP US. A CIRCLE IN THE COLOURED BOX WILL RESULT IN ONE OF THE ORGANISATIONS CONTACTING YOU.

Question	Further details		
Do you have difficulty in saying what you want and would like support?	NO	YES	
Do you have difficulty managing your daily living activities? eg. Getting up and dressed, managing stairs or cooking a main meal	NO	YES	
Do you have anyone to help look after you or do you look after anyone else (family or friends) state name overleaf	NO	YES	
Do you need a carers assesment? What help is needed. <b>Please give details.</b>	NO	YES	
Do you require support or information with a long term illness, condition or disability?	NO	YES	
Do you have difficulty finding out about accessing local health services? eg, dentist, GP	NO	YES	
Would you like to participate in activities that would lead to a healthier lifestyle? eg. Exercise, stop smoking, alcohol / drug usage and diet.	NO	YES	
Would you like to know more about local self help and support groups?	NO	YES	
Would you like any advice on benefits that you may be entitled to?	NO	YES	
Do you need any financial support and advice on money or debt problems?	NO	YES	
Do you need help, advice and support to look for work or work related training or become a volunteer?	NO	YES	
Would you like any housing advice and support?	NO	YES	
Are you able to keep your home warm?	YES	NO	
Have you adequate insulation and heating? <b>Please give details</b>	YES	NO	
Would you like information or advice on personal safety, home security, domestic violence, anti social behaviour eg. harassment, distress?	NO	YES	
Smoke alarms save lives – would you like information relating to smoke alarms and fire safety in the home?	NO	YES	

**continue overleaf**

## Housing information

Please tick the type of housing you live in:  Owner occupier  Shared ownership  
 Rented accommodation  Homeless  Other

If you are in rented accommodation or shared ownership please tell us who your housing provider is – for example Newark and Sherwood Homes.

How many people live in your accommodation?

## Referral agreement

Please sign the following statement to confirm that you would like the relevant organisation(s) to contact you. While the information supplied will be free for some services, there may be a charge for others.

I agree to referrals being made to the relevant organisations listed on this form.

Signature..... Date .....

The information you have provided on this form will be treated in accordance with the Data Protection Act 1998 and will only be used for the purposes of the First Contact Scheme. If you would like to know more about how we will use your information please contact 01636 655596. If you would like to know more about your rights under the Data Protection Act 1998 you can contact the council's Information Governance Officer on 01636 655216/7.

## Any additional information or help needed.