



The Derbyshire Living Well with a Long Term Condition  
Programme (LWLTC)  
A Self-Management Programme for People Living with a Long Term  
Health / Medical Condition

## Referral Form

### Client permission and consent

When we record and use your personal information we:

- Only access it when we have a good reason
- Only share what is necessary and relevant
- Don't sell it to commercial organisations

We need to record information about you to help with your referral. We have a legitimate interest to do this. Please let us know if you would like more details about how we use your information.

### Personal Details

Please let us know where you would prefer to attend: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

*Please provide a method of contacting you. We will only speak to you unless you give permission to leave a message.*

Email: \_\_\_\_\_

*We won't share your email address with anyone else without your permission.*

Date of Birth: (16 or over) \_\_\_\_\_ Gender: \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ **Language spoken:** \_\_\_\_\_

**Name of GP:** \_\_\_\_\_ **Practice:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Telephone Number:** \_\_\_\_\_

**What is your diagnosed long-term condition?**

**What are your symptoms of the condition?**

**Do you have any 'essential requirements' required to be able to access the programme?**

*wheelchair access, large print, visual or hearing impaired*

**We need your consent to record and use your special category personal data**

We need your explicit consent to use some information including your ethnicity and health condition.

If you agree we will use this information which is known as 'special category personal data' to:

- Help us gather data to improve our service
- Support our research in a way you can't be identified

We will make sure all your information is kept safe in our secure management system.

By ticking the boxes below, you consent to Citizens Advice recording the special category personal data you choose to provide Citizens Advice.

Yes, I consent to you holding information on my (please tick the boxes of those you agree to):

Ethnicity

Health

I/We agree that Citizens Advice South Derbyshire may process and store this personal and sensitive data.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Referral Details (if applicable):

Name of Referrer: \_\_\_\_\_

Signature: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**Post the Completed Form MARKED PRIVATE & CONFIDENTIAL TO:**

The Living with A Long Term Condition Programme,  
114 Church Street,  
Church Gresley,  
Swadlincote,  
Derbyshire  
DE11 9NR

Or email to [kziglam@citizensadvicemidmercia.org.uk](mailto:kziglam@citizensadvicemidmercia.org.uk) or [loconnell@citizensadvicemidmercia.org.uk](mailto:loconnell@citizensadvicemidmercia.org.uk)

Contact Number: 01283 210107 or 07487 257187 / 07939 323365



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