

Edinburgh Food Project - Counselling Referral Form

ELIGIBILITY CRITERIA –

- Participant must have used a foodbank in the past, are doing so currently, or have concerns about food poverty in the future.
- All referrals must be made with the consent of the individual

PRIVACY NOTICE – MUST BE SHOWN OR READ TO PARTICIPANT

Edinburgh Food Project (“EFP”) and Health in Mind (“HiM”) are involved in making this counselling available and both EFP and HiM will be Data Controllers of the personal data you provide on this referral form. You can contact EFP on info@edinburghfoodproject.org. Our Data Protection Officer is Thorntons Law LLP. You can contact our DPO on dpo@edinburghfoodproject.org. You can contact HiM on counselling@health-in-mind.org.uk. HiM’s Data Protection Officer is Wendy Bates. You can contact their DPO on wendy.bates@health-in-mind.org.uk. If you need IT equipment to access this service, the Salvation Army (“SA”) may be able to loan you some but will need to use your personal data in order to deliver the equipment to you and record your use of it. Where this is the case, SA will also be a Data Controller over the personal data they need to process in order to provide you with such IT equipment. You can contact them on lorraine.duncan@salvationarmy.org.uk. You can contact their DPO on data.protection@salvationarmy.org.uk

The information and personal data contained in this form, or obtained during the counselling services, will be used for the purpose of enabling HiM to consider offering you the opportunity to participate in the counselling sessions and delivering the counselling services. HiM will also aggregate and analyse your personal data, alongside other participants, and provide EFP with an anonymised report containing information about the delivery of the counselling and its participants to allow EFP to evaluate the use of its funding and to meet funder requirements – all information will be aggregated and anonymised - you will not be identifiable in the report. It will also be used as a record of your consent to receive marketing communications from either EFP or HiM (as appropriate). Lastly, it may be used to provide you with IT equipment if necessary. Our lawful basis for all this processing is consent. You can withdraw your consent at any time, however this does not affect the lawfulness of our processing up to the point of withdrawal.

This referral form can be submitted to either ERP or HiM. Regardless, the information on the Referral Forms will be shared between ERP and HiM for the above purposes. Personal Data will only be shared with SA if you require IT equipment. Otherwise, with the exception of our cloud storage providers, neither EFP, HiM or SA will share your personal data with third parties, unless required by law or we undergo a restructure. We will not share your personal data outside of EEA. We shall only retain this referral form and the information contained in it for six years or if later, until you withdraw consent to marketing/we decide to stop marketing to you. You can request access to your personal data and ask us to: (i) rectify inaccurate personal data; (ii) erase your personal data from our records; (iii) restrict our processing; (iv) object to our processing; (v) transfer your personal data that you give us to you or a third party; and (vi) withdraw your consent to marketing. To exercise these rights please contact EFP’s DPO or HiM/SA’s contact noted above. You can also complain about our handling of your personal data to the Information Commissioner’s Office. For further detail about your rights or how to complaint to ICO please see www.ico.org.uk

ELIGABILITY CRITERIA	
Participant must have accessed a foodbank in the past, are doing so currently, or have concerns about food poverty in the future. Please mark the most appropriate statement with X .	
The participant has accessed a foodbank in the past	
The participant is currently accessing the foodbank	
The participant has concerns about food poverty in the future	

We accept self-referrals for this service. If you are a supporting agent please provide your details below. If you are a participant making a self-referral please mark X where appropriate	
Referred By:	Other Agencies Involved and Support being Provided
Name:	
Job Role:	
Agency:	
Address:	
Telephone:	
Email:	
Participant Self-referring:	

REFERRAL DATE Office Use			REF (Office Use)	
YOUR NAME				
PHONE NUMBERS	Mobile:			
	Home:			
EMAIL ADDRESS				
DATE OF BIRTH				
YOUR ADDRESS				
EMERGENCY CONTACT (name and relationship to you)				
EMERGENCY CONTACT NUMBERS	Mobile:			
	Home/Other:			
GP NAME				
GP SURGERY				

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR HAVE ONE PENDING?	If yes please give details:					
REASONS FOR SEEKING COUNSELLING?						
MOBILITY ISSUES (stairs might not be suitable etc.)						
COUNSELLING PREFERENCE (If face to face counselling is unavailable, how else would you prefer to receive counselling? Please tick as appropriate)	TELEPHONE					
	ONLINE VIDEO CALL					
AVAILABILITY FOR COUNSELLING (day / time)						
WAYS THAT ARE OKAY TO LEAVE MESSAGES	TEXTS		VOICE-MAIL		EMAIL	
PREFERRED WAY TO LEAVE MESSAGES	TEXTS		VOICE-MAIL		EMAIL	
HOW YOU FOUND OUT ABOUT THE SERVICE						
Permission to be on HiM marketing list:	By text?		By phone?		By email?	
Permission to be on EFP marketing list:	By Text?		By phone?		By email?	

Referrer's signature:

Date:

Participant's signature (if possible):

Date:

Thank you for providing this information which will help us to process the referral. Please return your completed form to dawnmacleod@edinburghfoodproject.org or Health in Mind direct on counselling@health-in-mind.org.uk

A copy of this form should be provided to the participant by email or post as appropriate.