

Referral Form

Mental Health & Wellbeing Group

Date received:

ELIGIBILITY CRITERIA –

- Participant must identify as a single parent
- 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 One Parent Families Scotland (“OPFS”) are involved in organising this workshop and both EFP and OPFS 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 OPFS on info@opfs.org.uk. You can contact their DPO on angela.bruty@opfs.org.uk

The information and personal data contained in this form, will be used for the purpose of enabling OPFS to consider offering you the opportunity to participate in the Mental Health & Wellbeing Group workshops. OPFS 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 workshop 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 OPFS (as appropriate). 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.

If this form is submitted directly to EFP, please note that EFP will share this referral form with OPFS for the above purposes. If this form is submitted directly to OPFS, OPFS will only share this referral form with EFP if you have consented to receive marketing communications from EFP. Otherwise, with the exception of our cloud storage providers, neither EFP or OPFS 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 OPFS 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	

DETAILS

Parent's Name:						
Main Carer Yes/No:						
Family Address:						
Postcode:						
Date of Birth:						
Phone Number(s)						
Email address:						
Permission to be on OPFS marketing list:	By text?		By phone?		By email?	
Permission to be on EFP marketing list:	By Text?		By phone?		By email?	

Referred By:	Other Agencies Involved and Support being Provided
Name:	
Job Role:	
Agency:	
Address:	
Telephone:	
Email:	

So that we can offer suitable support to the parent and their family, please tick all that apply.

I hope that the Mental Health and Wellbeing group (or associated services) will help meet the needs the parent and their family has in the following areas:

Parental needs	✓	<i>If you have ticked, please tell us a bit more about circumstances and why this is a need</i>
Peer Support		
Wellbeing		
Counselling		
Isolation/ Loneliness		
Family Relationships		
Digital Skills / Employability		
Benefits		
Debt/ Money Management		
Legal/ Housing		

Should the group or service need to take place online, does the participant have the digital device and connectivity to do this? Do they have confidence in using Zoom or similar applications? Please detail any needs here:

Please provide any other information / considerations to help us process this referral

Disability

No disability or impairment	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>	A learning disability	<input type="checkbox"/>
A physical impairment	<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>	Any other disability or Impairment	<input type="checkbox"/>

Family Status

Single parent	<input type="checkbox"/>	Contact parent	<input type="checkbox"/>	Two parent family	<input type="checkbox"/>
Parent under 25 years	<input type="checkbox"/>				

Employment Status

Employed Full time 30 hours +	<input type="checkbox"/>	Student In Learning	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	Employed Part Time	<input type="checkbox"/>
Unemployed/ Not in paid work	<input type="checkbox"/>	Sick/ Disability	<input type="checkbox"/>

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 OPFS direct on brock.lueck@opfs.org.uk.

We shall email you a copy of this form for your records where you have access to email. Alternatively, we shall post you a copy.

ADDITIONAL NOTES: