**DIAL-OP Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service required:** | | | |  | | | | | | | | | | | | |
| **Referred Persons Details** | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | **Date of Birth** | | | |  | | |
| **Address** |  | | | | | | | | | **Postcode** | | | |  | | |
| **Gender** | | | |  | | |
| **Telephone Number 1** |  | | | | | | | | | **Telephone Number 2** | | | |  | | |
| **Email** |  | | | | | | | | | | | | | | | |
| **Preferred method of contact (Please mark as appropriate)** | | | | | | | | | | | | | | | | |
| Telephone | | | Text | | | | | Email | | | | | | | Video Call | |
| **Type of Residency (Please mark as applicable)** | | | | | | | | | | | | | | | | |
| Owner occupier | Tenant | | | | Care Home | Sheltered Housing | | | | | Other (please specify) | | | | |  |
| **Referrer** | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | **Organisation** | | | | |  | | | | |
| **Address** |  | | | | | | **Relationship to referred person** | | | | |  | | | | |
| **Postcode** |  | | | | | | **Email** | | | | |  | | | | |
| **Telephone Number 1** |  | | | | | | **Telephone Number 2** | | | | |  | | | | |
| I confirm the referred person has consented to this referral  I can confirm the next of kin is aware of this referral  I can confirm the emergency contact is aware of this referral | | | | | | | | | | | | | | | | |
| **Support Group (Please mark all applicable)** | | | | | | | | | | | | | | | | |
| Older Person | | Risk of Falling | | | | | | | Home from Hospital | | | | | | | Lives Alone |
| Physical Disability | | Mental Health Issues | | | | | | | Other (please specify) | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details** | | | | | | | | | | | |
| Please detail the referred person’s circumstances and how you believe our service may impact on them. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **G.P. Details** | | | | | | | | | | | |
| **Doctor** |  | | | | | **Practice** | | |  | | |
| **Address** |  | | | | | **Telephone Number** | | |  | | |
| **Medical Conditions/Special Needs (please give details)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Support Network (please detail known support being provided by agencies, family or friends)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Are there any identified risks associated with the following:** | | | | | | | | | | | |
| **Risk of Falling** | | |  | **Mental Health** | | |  | **Physical Disability** | | |  |
| **Alcohol or Substance misuse** | | |  | **Cognitive Impairment** | | |  | **Other:** | | |  |
| **If any of the above are identified please give further details:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Emergency Contact** | | | | | | | | | | | |
| **Name** | |  | | | **Relationship** | | | | |  | |
| **Address** | |  | | | **Postcode** | | | | |  | |
|  | | | | | | |
| **Telephone Number 1** | |  | | | **Telephone Number 2** | | | | |  | |
| **Is this person a keyholder?**   Yes  No | | | | | | | | | | | |
| **Next of Kin** | | | | | | | | | | | |
| **Name** | |  | | | **Relationship** | | | | |  | |
| **Address** | |  | | | **Postcode** | | | | |  | |
|  | | | | | | |
| **Telephone Number 1** | |  | | | **Telephone Number 2** | | | | |  | |
| **Is this person a keyholder?**   Yes  No | | | | | | | | | | | |
| **For use by Dial-OP only** | | | | | | | | | | | |
|  | | | | | | | | | | | |

**Please return completed form to:**

dialop@dvva.scot

**Matching form (only for Blether Buddies referrals)**

Where possible, we try to match Dial-OP volunteers to people who have similar interests and outlook. Therefore, it will be helpful if the information below could be provided.

|  |
| --- |
| **Interests / hobbies** |
|  |
| **Favourite type of music / films / reading matter** |
|  |
| **Places have travelled / lived** |
|  |
| **Topics willing to speak about** |
|  |
| **Topics not willing to speak about** |
|  |
| **Family / friends** |
|  |
| **Preferred time for call** |
|  |

**Privacy Notice**

**Dundee Volunteer & Voluntary Action Service Users**

**Dundee Volunteer & Voluntary Action (DVVA)** needs to collect and use certain types of information about individuals who come into contact with DVVA in order to carry out our work. DVVA is what’s known as the ‘Controller’ of the personal data you provide to us.

**What personal data will we collect**

We may collect the following personal data about you: name, address, phone number, email, date of birth, emergency contact, next of kin, and any relevant health information and support needs to ensure the service we are providing you with is appropriate and tailored to your needs.

You must be aware that in many occasions to enable us to provide you with a service we may require certain “necessary information” from you and if you do not provide that information we may not be able to provide you with the service.

**What are the purposes of processing the data**

DVVA use personal data for the reasons listed below:

* To contact you and your emergency contact/next of kin in case of a health or safety concern
* To provide you with the support services and other services requested
* For statistical information required by external agencies, government bodies, prospective and existing funders

Personal data will where relevant be anonymised to ensure that no identification of individuals is possible.

**Lawful processing of personal data**

DVVA can process this data because we ‘legitimate interests’ in holding this information to enable us to provide you a service or have gained explicit consent from you.

If you supply us with health information we will require to get your explicit consent to share the relevant health information on each occasion we share the information. We will inform you of the organisation it is being shared with and the purpose it is being shared for.

DVVA may share data with other agencies such asthe local authority, health organisations, funding bodies and other voluntary agencies.

You will be made aware how and with whom their information will be shared. There are circumstances where the law allows DVVA to disclose data (including sensitive data) without the data subject’s consent.

These are:

* Carrying out a legal duty or as authorised by the Secretary of State
* Protecting vital interests of an Individual/Service User or other person
* The Individual/Service User has already made the information public
* Conducting any legal proceedings, obtaining legal advice or defending any legal rights
* Monitoring for equal opportunities purposes – i.e. race, disability or religion
* Providing a confidential service where the Individual/Service User’s consent cannot be obtained or where it is reasonable to proceed without consent: e.g. where we would wish to avoid forcing stressed or ill Service Users to provide consent signatures.

DVVA regards the lawful and correct treatment of personal information as very important to successful working, and to maintaining your confidence.

DVVA will ensure that your personal information is treated lawfully and correctly.

**What we do with your data**

Information and records will be stored securely and will only be accessible to authorised staff and volunteers.

Information will be stored for only as long as it is needed or required statute and will be disposed of appropriately.

Your personal details will not be given to anyone outside DVVA without your consent unless it is necessary for us to do so, i.e. in order to comply with the law, with police investigations or it is determined that there is risk of significant harm to either yourself or another person.

Information about your postcode, gender, ethnicity, status, age, may be disclosed to, for example, our funders, or in our Annual Report, but only in the form of statistics and not in any way that identifies you.

**How long we keep your data**

Information will be stored for only as long as it is needed or required statute and will be disposed of appropriately. Your data will be retained while you are still within our services. We will retain you information for no more than two years after you leave the service.

**What your rights are**

You have the right to access the information DVVA holds about you. Individuals may exercise the right by making a written ‘subject access request’ (SAR). However, subject access goes further than this and an individual is entitled to be:

* told whether any personal data is being processed;
* given a description of the personal data, the reasons it is being processed, and whether it will be given to any other organisations or people;
* given a copy of the personal data; and
* given details of the source of the data (where this is available).

You have the right to receive a copy of the personal information that DVVA holds about you, and to demand that any inaccurate data be corrected or removed.

You have the right to withdraw consent at any time. You can do so by contacting the data controller.

If you wish to access a copy of any personal data being held about you, you must make a written request for this. To make a request, please complete a **Personal Data Subject Access Request Form** which can be obtained from the Data Protection Officer. If a SAR is received DVVA will respond within one month.

If you wish to raise a complaint on how we have handled your personal data, you can contact us to have the matter investigated. **Contact** [communications@dvva.scot](mailto:communications@dvva.scot)

If you are not satisfied with our response or believe we are processing your personal data not in accordance with the law you can complain to the Information Commissioner’s Office <https://ico.org.uk/>.