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**PERSONAL ASSISTANT SERVICE APPLICATION FORM**

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| **Personal Details**  Mr/Mrs/Miss/Ms/Other…………… Name……………………………………………….  Address……………………………………………………………………………………………………………………………………………………Postcode……………………….  Date of birth……………………………..  Telephone number (landline)………………………………………………………….  Can a message be left? Yes / No  Telephone number (mobile)…………………………………………………………..  Can a message be left? Yes / No |

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| **Personal Contacts**  Please provide details of anyone who may be currently supporting you. This does not affect whether you will be able to access services, but enables us to provide the most appropriate support.   |  |  | | --- | --- | | GPs name, address and telephone number |  | | Consultant Psychiatrist’s name address and telephone number  (if applicable) |  | | Other (e.g NHS, Social Services, Voluntary or Private Sector organisation) |  | |

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| **Brief summary of your requirements:** |

**Data Protection Act 1998 Statement** The information collected from this application is used in accordance with the Data Protection Act 1998. This information will be processed lawfully and fairly to ensure that your support needs are identified.

This information will be held on a computer system, and in paper format, to plan the delivery of our service. It will be retained by Norton House for the purposes of monitoring the source and type of applications received.

As part of our Application process, the information given above may be discussed with the third parties named on the form (for example your GP and Consultant Psychiatrist). In particular, we will seek supporting information, including your current Care Plan and Risk Assessment, from your Consultant or Care Team.

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| **PLEASE SIGN BELOW, IF YOU AGREE TO NORTON HOUSE CONTACTING**  **YOUR CONSULTANT PSYCHIATRIST / CARE TEAM FOR ADDITIONAL INFORMATION**  **(if applicable)** |

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| Signed …………………………………………… | Date ………………………………….……...……… |