

## CLIENT REGISTRATION FORM

Title	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Prof <input type="checkbox"/>
First Name						
Last Name						
Phone						
Mobile				Permission to text	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email				Sign up to our Newsletter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NI Number				NHS Number		

### ADDRESS INFORMATION

Address						
Postcode						

### DEMOGRAPHICS

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	<b>Please specify:</b>		
Nationality			Birthdate			
First Language						
<b>Ethnic Origin</b>						
Asian or Asian British – Bangladeshi		Black or Black British - African		Mixed – Other		
Asian or Asian British – Pakistani		Black or Black British – Caribbean		White – British		
Asian or Asian British – Indian		Black or Black British – Other		White – Irish		
Asian or Asian British – Other		Mixed – Asian & White		White – Other		
Chinese		Mixed – Black African & White		Other Ethnicity		
Gypsy / Romany / Irish Traveller		Mixed – Black Caribbean & White		Prefer not to say		
<b>Immigration Status</b>						
British Citizen		Discretionary Leave		Indefinite Leave to Remain		
EU Citizen		Exceptional Leave		Refugee		

### IN CASE OF EMERGENCY

Name of Contact		Relationship to client	
Contact Number			

To the best of my knowledge, the personal details on this form are accurate and complete. I note that these details will be processed by Ashford Place under the principle of the 2016 General Data Protection Regulation **GDPR**. I understand that Ashford Place is required to provide my personal information for statistical purposes to Ashford Place contracted funders. This data will be retained while I am an active client and 24 months thereafter.

Client Signature		Date	
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*Additional details if necessary to be completed overleaf*

For more information on how and why we store data please see our transparency notice on the Ashford Place website:  
[www.ashfordplace.org.uk/about-us/summary-transparency-notice](http://www.ashfordplace.org.uk/about-us/summary-transparency-notice)

Once completed, please email this form to: [info@ashfordplace.org.uk](mailto:info@ashfordplace.org.uk)  
 or post to:

**Ashford Place | 60 Ashford Road | London | NW2 6TU**

# CLIENT REGISTRATION FORM

## DISABILITY & LEARNING DIFFICULTIES

Disabilities			
Visual Impairment		Hearing Impairment	
Temporary Disability after Illness		Mental Health	
Disability Affecting Mobility		Multiple Disabilities	
Emotional/Behavioural disability		Rheumatoid Arthritis	
		Profound Complex	
		Other Disability	
		Other Medical	
		None	
Learning Difficulties			
Moderate Learning Difficulty		Multiple Learning Difficulties	
Severe Learning Difficulty		Other Learning Difficulty	
		Dyscalculia	
		Dyslexia	

Referral Type: Please Select			
Internal - CADS		Private	
Internal - Housing		Self	
		Statutory	
		Voluntary	
Name of Referral Organisation			
Name of the Person making the Referral			
Contact Details of the Referral:		Permission to text	Yes <input type="checkbox"/>
Mobile			No <input type="checkbox"/>
Email		Sign up to our Newsletter	Yes <input type="checkbox"/>
Phone			No <input type="checkbox"/>
Referral Notes - Please provide a short summary of why the client is being referred:			
Is the client a Brent resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date of Mental Health diagnosis			
Address of GP Practice			
Postcode			
Telephone no.			
Referral Date		Start Date	
GP surgery unique no			

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Client Signature		Date	
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