

**FILL OUT ALL AVAILABLE AREAS**

**Housing Occupational Therapy question list – to be completed in full**

The information you provide will be processed by Guildford Borough Council for the purposes of assessing your occupational therapy needs in accordance with data protection legislation. We may share your data with certain third parties (eg agency staff who have been sub-contracted) for these purposes. Your information will not be disclosed to third parties for marketing purposes.

We have put in place appropriate security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. In addition, we limit access to your personal data to those employees, agents, contractors and other third parties who have a business need to know. They will only process your personal data on our instructions and they are subject to a duty of confidentiality.

We have procedures in place to deal with any suspected personal data breach and will notify you and any applicable regulator of a breach where we are legally required to do so.

We will only retain your personal data for as long as necessary to fulfil the purposes we collected it for, including for the purposes of satisfying any legal or reporting requirements. Your personal data will then be securely destroyed.

If you believe the data we process on you is incorrect you may request to see this information and, if necessary have it corrected or deleted. If you wish to raise a complaint you can contact our Data Protection Officer at the address below.

If you believe we are not processing your data lawfully you can complain to the Information Commissioner’s Office (<https://ico.org.uk/>).

Further information can be obtained from our website at <https://www.guildford.gov.uk/dataprotection>, or from the Data Protection Officer, Guildford BC, Millmead, Guildford, GU2 4BB (email: [dpo@guildford.gov.uk](mailto:dpo@guildford.gov.uk))

<b>Date:</b>		Taken by:		Ref. No.:	
Source of referrer: SS/Relative/Self		Referrer Tel. No.:	Home:		
			Mobile:		
			Email:		
Disabled person First Name:		Surname:			
Address:			Postcode:		
D.O.B.:		Tel. No.:	Home:		
			Mobile:		
			Email:		
Tenure: (GBC/OO/HA etc)		Landlord detail:			
Other occupants of household					
Preferred Contact Name:		Preferred Contact Tel. No.:	Home:		
			Mobile:		
Other Contact:		Other Contact Tel. No.:	Home:		
			Mobile:		
GP Name/Practise:					

**Health Problems/Disability**

Describe what assistance is needed:

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Please explain your health problems:

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**Abilities at Home**

How are you managing:

Stairs:		Transfers:	WC:	
			Bed:	

Bath:	
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Indoor mobility:	Stick:		Frame:		Wheelchair:	
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Outdoor mobility:	Stick:		Frame:		Wheelchair/ scooter:	
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Interested in rehousing?	Yes:		No:	
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Is the referral urgent?	Yes:		No:	
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Other (please list):

Relevant information:            -        How much help from carers?        -        Known to SS/Housing?

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