



Referral for Rehabilitation

Personal information collected on this form, and during the provision of vision rehabilitation services (including information relating to health and other needs), may be shared between Jewish Blind & Disabled (JBD) and Guide Dogs to provide and administer services, monitor their quality, and fulfil organisational requirements. All personal data will be handled strictly in accordance with UK data protection law and JBD's data protection policy. If you would like further details, please speak to a member of the team.

We require your consent for your information to be shared between JBD and Guide Dogs and processed as described above. You can withdraw your consent at any time. **Please note, without consent, we will not be able to process your application.**

If you are the applicant (or if you are making the referral on behalf of someone else), do you/they consent?

Yes

No

Details about JBD privacy policy can be found here: <https://www.jbd.org/privacy-notice/>.

Who is completing this form (please circle)	MYSELF	OTHER
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IF THIS FORM IS BEING FILLED OUT BY A REFERRER, PLEASE COMPLETE THIS SECTION.

Referrer name	
Referrer relationship to applicant (eg. social worker, relative, friend)	
Referrer email address	
Referrer phone number	

Client Details	
Name	
D.O.B (dd/mm/yy)	
Gender	
Address	
Post Code	
Contact Details	
Home telephone number	
Mobile telephone number	
E-mail	

Please let us know your preferred method of communication: (please circle)		
Landline Phone	Mobile Phone	Email

Please provide details of anyone else who lives in your household.

Your local authority.	
Your GP name and phone number.	

Does the applicant identify as Jewish?

Yes

No

Would the applicant like us to share reports with anyone?	YES	NO
If yes, please give their details here: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

Eye condition	
Diagnosis if known	
Date of diagnosis	

Registered Status

Sight impaired	
Severe Sight Impaired	
Not Registered	
Unknown	

Brief description of the impact of the eye condition:

What are your main areas where support is required (eg. cooking, reading, communications, etc)?

Are you currently receiving or have you ever received input or an assessment from your local sensory team, if known?

Are there any other significant health issues we should be aware of (e.g. hearing impairment, diabetes, limitations to physical mobility etc)?

Does the applicant have any pets, or look after a pet for a friend or family member?

Yes

No

If yes, please give details.

Does the applicant or anyone else who lives in applicant's property have any criminal convictions?

Yes

No

If yes, please provide details including date(s).

How did you hear about this service?

Jewish Blind & Disabled mailing
Received an email
Word of mouth
Jewish Care
Referral/ recommendation
Other, please specify: _____

Are you happy to hear from Jewish Blind & Disabled about News and Events?

Yes

No

Is there any other helpful information you think we should know?

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SIGNED DECLARATION

This information contained on this form is accurate to the best of my knowledge.

Signed:		Date:
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Signed by referrer (if applicable)

Signed:		Date:
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