 Burnley, Pendle & Rossendale Local Authority Emergency Assistance Grant Scheme



**Please provide an answer wherever possible in the boxes coloured blue**

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| --- | --- | --- | --- |
| **Name** |  | **Date of Birth**  Eg (01/01/2001) |  |
| **Address** |  | | |
| **Email address?** |  | **Contact number** |  |
| **Ethnicity** |  | **Gender** |  |
| **Need/reason for referral (as much detail as possible) to confirm why you are struggling in this way due to Covid-19.** |  | | |
| **Specific support required eg food / other essential supplies. If essential supplies please specify exactly what is needed** |  | | |
| ***If an agency is completing a referral on your behalf, please could you or the agency confirm:-*** | | | |
| **Name of Agency** |  | **Contact Tel** |  |
| **Name of person completing the form** |  | **Email address** |  |

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| --- |
| **Consent must be obtain prior to submitting the form to BPRCVS** |
| **Verbal consent has been obtained to share the above information with BPRCVS for contact and support**  In accordance with GDPR the data the client has provided will be stored safely and securely. The purpose of this data allows the Social Prescribing Team to contact the client directly. All records are completely confidential and only Social Prescribers will have access to them. No information will be shared with third parties without prior agreement. This data will be stored no longer than funder’s requirements. Please direct all clients to referring and recipient organisations for a copy of their respective privacy policies. |

***Office use only***

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| **Date of receipt of form** |  |