

Confirmation form for the Unpaid Carer

Please carefully read this document before starting signing

We will provide privacy consideration and respect regarding treatment of beneficiaries and their family

AS A BENEFICIARY OF OUR SERVICES YOU ARE ENTITLED TO

- Access our services within our guideline criteria
- Have your beliefs respected
- To be listened to
- Be assured that the therapists we offer to provide therapy for you are qualified through training, education and are experienced to carry out the treatments they offer; that they are insured and belong to a professional body
- Be assured that all data held by us which is vital to ensure that our service works efficiently and in the interests of our aims and the Trust's vision, is in accordance with the General Data Protection Regulations 2018 – (for more information on this please see our Data Policy which is part of our consultation form) and have access to your therapy records or a copy should you require
- Have a right to request in writing that data held on you to be amended, corrected or removed after treatment finishes

AS THE PROVIDER OF SERVICES WE ASK THAT YOU

- Treat our staff, therapists and volunteers with courtesy and respect
- Inform your Therapist a minimum of 24 hours beforehand if you are unable to keep a treatment appointment with them. In view of the high demand for our services, if adequate notice of being unable to keep two consecutive appointments (except of course in unavoidable or emergency circumstances) we may have to withdraw our offer of free therapy. Please ask your Therapist to leave their own phone contact number as the office is not always manned.
- If you smoke please do not do so whilst your Therapist is with you in your home (and not on Therapist's premises)
- Secure your pets while your Therapist is in your home
- Tell your Therapist (and us) if you there is anyone of your family or close to you that you would not wish to know regarding your treatment.
- Tell us of any ideas you may have where we can improve our service (you can do this by completing our survey form anonymously and handing it to your Therapist at the end of your course of treatments)

Name	
Address	
Post code	
Email/Tel number	

Details about the person being cared for by the referee

Name:

Address (if different to referee address)

Postcode

Age

Diagnosed medical conditions

Signed (regarding the above information) Date.....

Data Protection Notice

In order to bring our services to our users, we need to store the information supplied on this form. It is treated in strictest confidence. We never share data information with anyone who does not work with us and needs to process this information. We use it to help our beneficiaries have the best treatment possible, to advise of events we have and to thank people for donations and support. We also extract anonymous data for statistics when making applications for funding. It is stored in compliance with GPDR2018. You have the right to request us in writing to destroy these details. Please see our website www.therapyaid.co.uk for full details of our Data Protection Policy.

CONSENT RE PHOTOS ETC

It would be wonderful if you would very kindly consent for your therapist to take your photo at some point and / or allow them to take a very short video (when you have had some treatments and feel they are beneficial) for TherapyAid to use to raise awareness of what we are doing and our charitable aims.

Name

Date

I hereby give permission that TherapyAid can use photographic and video footage, in order to promote TherapyAid and its charitable aims.

Signature for consent to use photo/video