

**Contact Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name** | |  | | | | | | | |
| **Address  (incl. postcode)** | |  | | | | | | | |
| **Contact Number** | |  | | | | | | | |
| **Email Address** | |  | | | | | | | |
| **Eye Condition** | |  | | | | | | | |
| **Date of Birth** | |  | | | | | | | |
| **Any other essential information** | |  | | | | | | | |
| **How did you hear about us?** | |  | | | | | | | |
| **Referral is regarding (tick all that apply)** | | | | | | | | | |
| **Everyday Living** | | | ❑ | | | **Benefits Advice** | | ❑ | |
| **Assistive Technology** | | | ❑ | | | **Eye Clinic Support** | | ❑ | |
| **Employment Support** | | | ❑ | | | **Clubs and Activities** | | ❑ | |
| **Low Vision – You’ll need a referral from your optician or hospital eye consultant; we can’t book your appointment without one.** | | | | | | | | | |
| **Preferred method of contact** | | | | | | | | | |
| **Telephone** | ❑ | | |  | | | | | |
| **Letter** | ❑ | 16pt ❑ | | | 18pt ❑ | | 20pt ❑ | | 22pt ❑ |
| **Email** | ❑ | | |  | | | | | |

**Please make sure the data protection statement overleaf is signed.**

**Disclosure of Information and Confidentiality Agreement**

All personal information provided by you will be treated strictly in terms of the Data Protection Act 2018. When we ask you for specific details, we’ll always be clear about why we need them and make sure that your personal information is kept secure. We will not sell your details to any third parties for marketing purposes. We will seek your permission if we need to share your information to make referrals with trusted health and statutory organisations, such as social services and NHS health providers.

Name (please print) ………………………………….…………………………..........

Signed ………………………………….…………………………...........................

Date ………………………………………………….

**OR**

If you are completing this form on behalf of someone else please tick box to indicate consent given and enter your details below ❑

Relationship to person ……………….…………………………........................

Contact number/email ………………………………….………………………….....

Name (please print) ………………………………….…………………………............

Signed ………………………………….………………………….............................

Date ………………………………………………….

Please post or email form to:

iSightCornwall, The Sight Centre, Newham Road, Truro, TR1 2DP

[info@isightcornwall.org.uk](mailto:info@isightcornwall.org.uk) – mark subject of email as ‘Referral – Confidential’