

Information Sharing & Informed Consent

S2R will retain electronic information about you so that we can provide you with the best level of support whilst you access our service.

This information will be held in strict accordance with the 2018 General Data Protection Regulation (GDPR). We will only use your information for the purposes we have told you about, operational reasons and when we are required to do so by law (e.g. during an audit). We will also comply with any legal request by a court or authorised body that requires us to release information to them.

We will only share your information on a 'need to know' basis with other agencies involved in your support, in order to ensure consistency in the service you receive. Examples of agencies may be:

Care Coordinators, Social Workers, Housing Providers, GP's, Support Workers, CPN's, Emergency Services etc.

I (*PRINT NAME*)
consent to Support to Recovery (S2R) storing, using and sharing my information in line with the 2018 General Data Protection Regulation (GDPR) and within the provisions outlines above.

Signed:..... Date:.....

Thank you

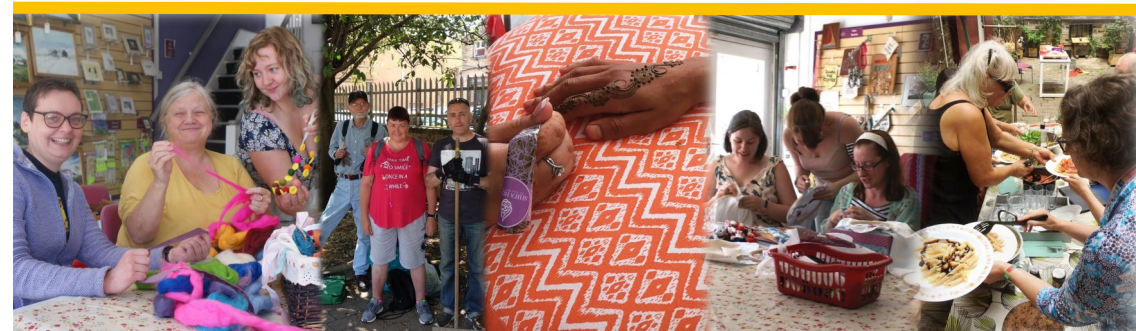


Please fill in this form and return it by post, email or in person. You can also complete this form online.

Post to: S2R Create Space, 5-7 Brook Street, Huddersfield, HD1 1EB

Email: contact@s2r.org.uk **Phone:** 01484 539531

Website: www.s2r.org.uk



Support to Recovery is a Mental Health & Well-being Charity providing creative, interactive and inclusive opportunities across Kirklees and surrounding areas. There are many different ways that people can voluntarily help us to deliver our range of services. People can share our information on social media, raise funds for us, help out at a particular event or can join S2R and fulfil one of our supporting roles facilitating sessions etc.

NAME			
HOME ADDRESS			POSTCODE
CONTACT NUMBER/S			
EMAIL ADDRESS			
PREFERRED METHOD OF CONTACT			
SEX	MALE <input type="radio"/> FEMALE <input type="radio"/> OTHER <input type="radio"/> PREFER NOT TO SAY <input type="radio"/>		
DATE OF BIRTH			

Please tell us, in the boxes below, if you have any physical or mental health conditions that may affect how you help with our service, so that we can provide you with the appropriate support.

Are you impacted by any physical health issues that we should know about?

Are you impacted by any mental health/ emotional difficulties we should know about?

Mailing list

Would you like to join our digital mailing list and keep up to date with upcoming activities? ☐ Yes ☐ No
We send out a maximum of 4 emails per month and you can unsubscribe at any time.

Equality & Diversity Monitoring

Every area of our work is monitored and regularly reviewed. To ensure the continuing progress of our Equal Opportunities Policies we ask all clients to fill in the information below. This is for statistical purposes only and will be treated as confidential.

I would describe my ethnic origin as:	
White: <input type="radio"/> British <input type="radio"/> Irish	Asian or Asian British: <input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Other (please specify) -----
Mixed: <input type="radio"/> White and Black Caribbean <input type="radio"/> White and Black African <input type="radio"/> White and Asian <input type="radio"/> Other (please specify) -----	Black or Black British: <input type="radio"/> Caribbean <input type="radio"/> African <input type="radio"/> Other (please specify) -----
Chinese or other Ethnic group: <input type="radio"/> Chinese <input type="radio"/> Other (please specify) -----	
<input type="radio"/> Prefer not to say	

S2R is discharging a social service function and is covered by the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975). You must, therefore, disclose all convictions, whether spent or current.

Do you have any criminal convictions? **Yes/No**

If yes, please give details.

Please tell us your reasons for wanting to help or volunteer with S2R:

What skills do you think you can bring or offer?

Emergency Contact Details

NAME	
CONTACT NUMBER/S	
EMAIL ADDRESS	
RELATIONSHIP TO YOU	

Hobbies/Interests: *(Please list whether you think they are relevant or not)*

Qualifications *(Please list even if you think they are not relevant)*

If you haven't already, please carefully read the ‘Information About Helping at S2R’ document and identify which role or roles you are interested in applying for.

Please tick the relevant below:

Peer Supporter	
Champion	
Micro-Volunteer	
Placement Student	
Volunteer	
Trustee	

Is there anything else you’d like to tell us about yourself or your reasons for wanting to help out at S2R?