



Client Information Form

Please note: All three pages of this form must be completed and returned - thank you.

Name	
Address	
Postcode	
Telephone No	
Mobile No	
Email Address	
Date of Birth	
Health / Mobility Issues	

Please provide the name and telephone number for your emergency contacts including you next of kin and an additional contact below:

Next of Kin Name	
Telephone No.	
Relationship	
Other Contact	Family / Friend / Neighbour (<i>please circle appropriate description</i>)
Name	
Telephone No.	

Please confirm you are registered with Coleridge Medical Centre YES NO



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Please provide details of how you were referred to Ottery Help Scheme below (tick relevant box):

Coleridge Medical Centre		Self	
Social Care Team		Family/Friend	
Hospiscare		MH Wellbeing Coach	
Admiral Nurse		Other (please state)	

Please indicate which services/support you are interested in (tick all that apply):

Home Help (Chargeable)		Memory Café	
Transport		Nail Cutting	
Befriending		Friendship Group	
Seated Exercise Class		Form Filling	
Carer Support		Prescription Collection	
Wellbeing Trips		Activity Groups	

Data Protection

I consent to my details being kept on file within the Ottery Help Scheme database in accordance with UK GDPR regulations and The Data Protection Act 2018.

I consent to being contacted by Ottery Help Scheme (there will be no direct marketing).

You can write to Ottery Help Scheme at any time if you would like your data updated or removed from our database.

Joining Fee

By joining Ottery Help Scheme you will have direct access to all of our services. There is a one-off joining fee of £10 which helps us cover admin costs and contributes towards maintaining and developing our services. The £10 joining fee can be paid by bank transfer, cheque or cash.

I have enclosed a cheque/cash. Please make cheques payable to Ottery Help Scheme.

I have paid via BACs. Please send your BACs payments to:

Account Name: **Ottery Help Scheme**

Sort Code: **20 30 47**

Account No: **53704289**

Please reference your online payment with your full name and 'join'.

If you have any questions about our membership or services, please contact the office by emailing info@otteryhelpscheme or give us a call on 01404 813041.

Please continue to page 3 of this form.



Client Information Form

Gift Aid - *Boost your donation by 25p of Gift Aid for every £1 you donate*

Gift Aid is a government scheme that allows us to reclaim the basic rate tax you pay as a UK taxpayer. It means that we can claim 25p of tax for every £1 you donate, at no extra cost to you. Please indicate below if you do/do not wish to Gift Aid your donation. Please sign, date and return this form regardless of your Gift Aid choice.

Gift Aid Declaration

I want to Gift Aid my donation and any donations I make in the future or have made in the past four years to Ottery Help Scheme . I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Please notify the charity if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains.

I do not want to Gift Aid my donations.

Please complete this section before returning your form:

SIGNED: _____

PRINT NAME: _____

DATE: _____

Please return this form marked ‘Confidential’ and enclose your joining fee if not paying by BACs to:

Office Manager, Ottery Help Scheme, 11 Silver Street, Ottery St Mary, Devon EX11 1DB

or scan and email this form to info@otteryhelpscheme.org.uk.

For more information about our Privacy Policy, please visit our website www.otteryhelpscheme.org.uk.