Kick It Stop Smoking Service - Referral Form

Please fill out the form if you would like to receive free help with quitting smoking. Complete CLEARLY and in BLOCK CAPITALS and return via:

Email: s.smoking@nhs.net

Forename:

Surname:

Date of birth:

Full Address:

Notes:

Gender: *Male / Female

Contact No:

Email:

GP Practice:

Ethnicity:

Occupation:

Sexual Orientation:

We are committed to the General Data Protection Regulation (GDPR). **When you provide us with your information we hold it on the legal grounds of consent.** We will collect your data for inclusion onto our programmes. Your data will be held in a secure and compliant manner for the duration of the programmes and then for an additional seven years.

We will not share your personal data with any third-party without your consent. For processing we will anonymise your data to allow us to assess the effectiveness of our programmes.

You have the right to remove consent, access, change and erase your data, If not in conflict with our programme terms and conditions. If you have any concerns you may contact us at hello@thrivetribe.org.uk. If you are not happy with our response then you have the right to contact the governing body at ico.org.uk

I consent to being contacted by telephone:	*YES / NO
I consent to being contacted by email:	*YES / NO
I consent to being contacted by letter	*YES / NO
I consent to being contacted by SMS	*YES / NO

*deleted as needed

Signature:

Today's Date:

Referrer: I have consent to refer on behalf of the person detailed above.

Full Name:

Telephone:

Job Title:

Signature:

Location: