



**Reg Charity
No: 1151926**

Training for independence

Trainee Consent Form

Crums is a Registered charity No 1151926

Patrons: Mr Tobias Elwood MP and The Mayor of Bournemouth

Consent for staff at Crums to share information from my Personal File when appropriate

Your personal information will be kept in accordance with the Data Protection Act 1998, the Human Rights Act 1998 and the common law duty of confidentiality. Your personal information should only ever be shared with people who have a genuine need to access it and only the minimum necessary information should be shared.

I hereby give permission for The Crums Project, registered charity number 1151926 to share my personal information as above.

Signature:

Print name:

Date:

The Crums Project

Hibberd Court, 20a Hibberd Way, Bournemouth BH10 4EP

01202 519320 email: training@crums.org.uk www.crums.org.uk

Name of Social Worker:

Address:

Postcode:

Telephone No:

Mobile No:

Email:

Please describe where you are living right now – this could be living with parents, independent accommodation, supported accommodation, residential, hospital:

Please list all benefits you are currently receiving:

What interests do you have?

Do you need support with literacy and/or numeracy?

Do you have any catering experience/qualifications? eg Basic Food Hygiene

Do you have any previous work experience? If so please give details:

What would you like to do after you finish your training at CRUMBS? Circle all that apply.

Paid Employment – Fulltime

Paid Employment – Part-time

Voluntary Work

Further Education

Other:

TO BE COMPLETED BY REFERRAL AGENCY/REFERRER

Please ensure that you enclose a care plan and risk assessment with this application and if you are posting this please remember to use a large stamp.

Please give a summary of applicant's history:

Please list any medication applicant is taking and side effects if applicable:

Does the applicant have a history of violence towards themselves or others?
If yes, please give details including how recent.

Applicants Signature:

Date:

Referrers Signature:

Date:

Organisation:

Please note that persons with a stabilised alcohol/substance abuse problem must be stable for a minimum of 12 months prior to this application. Any persons attending the project under the influence of alcohol or drugs will not be admitted.