

# STOP SMOKING REFERRAL FORM

ONEYOU SURREY

Title	DOB
Forename	Surname
Home Address	
Postcode	Phone Number
Email Address	
GP Practice	NHS No.

Spoken Language

Translator Required?

Yes

No

Referral relevant medical information / any other (please specify)

ARE YOU CURRENTLY PREGNANT?

Yes

No

**CONSENT:** 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](mailto: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](http://ico.org.uk)

I have read and understood this consent form  I have read and do not consent (if no consent given, we cannot offer the service as the record cannot be created)

How did you hear about the Service?

Been Before

Midwife

Health Event

Leaflet

GP Surgery

Stop Smoking Advisor

Internet/Social Media

Poster

Nurse

Other Health Professional

TV Advert

Work

Pharmacy

Word of Mouth (e.g. Friend)

Newspaper/Magazine

Other (please Specify) \_\_\_\_\_

Client Signature:

Date:

Please return this form by post to **Ntrust Systems, 26 Holmethorpe Avenue, Redhill, RH1 2NL.**  
If you have any queries you can call us on **01737 652168.**