

V1: 21 January 2019

SERVICE USER DATA CONSENT FORM – REFERRALS/APPLICATION

Please make sure that you have read the Gordon Moody Association Privacy Information Notice which can be found on our website www.gordonmoody.org.uk.

Please tick the boxes below if you agree

I give permission for the Gordon Moody Association (GMA) to process my personal data, including sensitive personal data in accordance with Data Protection Law.

I give permission for GMA to contact me for the purpose of processing my application:

- by email
- by phone
- by leaving a voicemail message if I am not available
- by text message
- by letter

I give permission for GMA to contact other relevant professionals in order to process my application (Please note that this is to ensure that the programme we offer is suitable for you. We will let you know before we do this, explain the reason(s) why we need the extra information, and obtain your specific written consent before requesting this information).

I understand that an exception to this would be where the law requires GMA to share information, for example, if there was a concern that someone might be at risk of harm.

We require a certain level of information to be able to process your application and provide you with appropriate treatment, and to ensure the safety of you and others. If you do not provide certain information or permit us to obtain this information from other services you are involved with, then we may not be able to process your application/provide treatment. For example, certain medical history, criminal history and proof of residency is required.

Information supplied to GMA may be used to provide statistical data for its funders. It may also be used for the improvement of service provision and the treatment of gambling addiction in general, for example, in research or training. However, no personal information will be used, and anonymity will be ensured at all times. **Please tick if you agree to your data being used in this way.**

If you would like us to explain any of the information contained within this consent form, or if you would prefer to complete a paper version of this document then please contact us on 01384 241292 or via help@gordonmoody.org.uk.

What happens if I change my mind about giving my consent?

You have rights in respect of the personal information that we hold about you, including the option to change your mind.

You also have the right to:

Review Date Due DOP 21 January 2020

V1: 21 January 2019

- Ask us for access to information about you that we hold (**Subject Access Request**)
- Have your personal data rectified, if it is inaccurate or incomplete
- Request the deletion or removal of personal data where there is no compelling reason for its continued processing (**Right to be Forgotten**)
- Restrict our processing of your personal data (i.e. permitting its storage but no further processing)
- Object to us processing your data for the purposes of scientific/historical research and statistics

You can let us know that you have changed your mind or that you wish to exercise your rights under Data Protection law by contacting the Referrals Team in writing. Our contact details are: help@gordonmoody.org.uk.

Please note, that withdrawing your consent may affect the nature and quality of the service that we may be able to provide to you.

How do I make a complaint?

If you have a concern or complaint about the way we are collecting or using your personal data, you should raise your concern with us in the first instance. Please contact us by:

- Writing to Gordon Moody Association, 47 Maughan Street, Dudley, West Midlands, DY1 2BA
- Calling us on: 01384 241292
- Emailing: help@gordonmoody.org.uk.

If you remain unhappy with the way that your personal data has been handled by us, you could contact the Information Commissioner's Office at <https://ico.org.uk/concerns/>

I am aware that I have rights in respect of the personal information that is held about me. I understand that I can contact the Referrals Team if I would like further details about how my information is processed by the Gordon Moody Association.

Name: _____

Signature: _____

Date: _____

GORDON MOODY ASSOCIATION
47 MAUGHAN STREET, DUDLEY, WEST MIDLANDS. DY1 2BA
Application for treatment (GAMBLING AUDIT)

DO YOU NEED HELP TO READ OR WRITE?

Yes No

IF YOU NEED HELP TO FILL IN THIS FORM AND DO NOT HAVE ANYONE TO HELP
RING: 01384 241292 AND WE WILL HELP YOU

If this form was completed on behalf of an applicant, by someone else, was this with the applicant present?

Yes No

Name: _____

Age ____ Date of Birth ____/____/____

Address:

Post Code

Home Phone: _____

Mobile Phone: _____

Contact e-mail address:

Gender: Male /Female/Transgender

Relationship Status: Single/Married, Civil Partnership/Separated/Divorced, Dissolved
Civil partnership/co habiting/In a relationship/Widowed

Are you a UK citizen YES NO

If you are not a UK national when did you arrive in the UK? _____

What is your country of citizenship? _____

Do you have leave to remain in the UK yes/no?

Are you eligible for UK state benefits YES NO

Are you currently in receipt of: JSA ESA Other.....

All questions in this application must be completed before we can consider your application.

Please answer each question by ticking the appropriate box

1. Have you ever spent more than you could afford gambling?

YES	NO
-----	----

2. Have you gambled to try to win back gambling losses?

YES	NO
-----	----

3. After a win do you have a strong urge to carry on gambling to win more?

YES	NO
-----	----

4. Have you gambled to escape from problems, pressures or feelings (e.g. guilt, anxiety or depression)?

YES	NO
-----	----

5. Have you had to gamble with more and more money in order to achieve the excitement, or other effects, you want from gambling?

YES	NO
-----	----

6. Have you tried unsuccessfully to cut back or stop gambling?

YES	NO
-----	----

7. If you have attempted to cut, down or stop gambling, did it make you restless or irritable?

YES	NO
-----	----

8. Have you ever gambled to try to get money with which to pay off debts or solve financial difficulties?

YES	NO
-----	----

9. Have you ever had to borrow money to get out of a desperate financial situation caused by gambling?

YES	NO
-----	----

10. Have you sold personal property or gone without something (e.g. food) to finance gambling?

YES	NO
-----	----

11. Have you risked, or lost, a relationship or a home because of your gambling?

YES	NO
-----	----

12. Have you missed work, school, appointments, opportunities or commitments due to gambling?

YES	NO
-----	----

13. Have you planned ways to get money just to gamble with?

YES	NO
-----	----

14. Have you spent time planning your next gambling session?

YES	NO
-----	----

15. Have you relived, in your mind, past gambling experiences?

YES	NO
-----	----

16. Do you spend most of the time you are awake either gambling or thinking about gambling?

YES	NO
-----	----

17. Have you lied to anyone to hide the extent of your gambling?

YES	NO
-----	----

18. Have you committed a dishonest act such as forgery, fraud or theft to raise cash to gamble with or pay off gambling debts?

YES	NO
-----	----

19. Does gambling cause you to have problems sleeping?

YES	NO
-----	----

20. Have you ever considered suicide as a result of your gambling?

YES	NO
-----	----

This information will be used to provide anonymous statistics or provide a better service for you.

Who suggested you apply to come to Gordon Moody? (Please circle and state who underneath)

Self	Probation, Prison , Police, courts/court liaison	Health or Mental Health service, GP, drug action/ misuse team	Gambling treatment provider	Education service, employer, job centre plus	Social services Hostel or other care worker	GMA/ Gambling Therapy Web site	Other service or agency
Family member							
carer							

What was your age when you started gambling?

Under 8	8-12	13-15	16-18	Over 18
---------------	------------	-------------	-------------	---------------

Length of time gambling Years.....Months.....

Age of onset of problem gambling

What are your main types of Gambling: (Put a number '1' against the one you do most, '2' against the next and so on). You do not need to enter a number for those that do not apply

Bookmakers		Bingo Hall		Casino		
Horses	Dogs	Live draw	Terminal	Poker	Other card games	
Sports or other events	Gaming Machines	Skill machines	Gaming machines	Roulette	Gaming Machines	
Other (please specify)		Other (please specify)			other	
Live events	Adult entertainment centre (18+Arcade)	Family entertainment centre (Arcade)		Pub		
Horses	Gaming Machines	Gaming Machines		Gaming Machines		
Dogs	Skill prize machines	Skill prize machines		sports		
Sport or other event	Other	Other		Poker		
Other				Other		
Online			Misc			
Horses Mob/PC/Tab	Dogs Mob/PC/Tab	Spread betting Mob/PC/Tab	Private /organised card games	Lottery National / other	Football pools	Scratch cards
Sports events Mob/PC/Tab	Bingo Mob/PC/Tab	Poker Mob/PC/Tab	Private Members Club			
			Poker	Other card games	Gaming Machines	other
Casino (Table games)	Casino (slots)	Other	Other (please specify)			

In addition to your gambling do you engage in gaming (please circle where appropriate)

At home alone/ alone elsewhere		At home with family/friends		With friends/ family elsewhere	
Console & TV	Console & TV/online	PC		Mobile phone	
Via social networking e.g. Facebook		Tablet		Portable gaming machine	
How many days per week on average			How many hours per day		
What age did you start playing : under 8 8-12 13-15 16-18 Over 18					

Main Occupation Status:

Employed F/T	Employed P/T	Self Employed	Unemployed	Student F/T	Student P/T	Main Family carer	Retired	Unpaid voluntary work	In Prison, care seeking asylum	other

How many days in the last 30 would you say you gambled :

How long would you spend on average gambling on a typical gambling day:

How much money would you spend on average on a typical gambling day:

What is the average (approximate) amount spent on gambling in the past year and your income.

Example: If your income was £100 per week and you spent £150 per week enter £100 in income box and £150 in gambled box.

Per week		Per month		Total in year	
Income £	Gambled £	Income £	Gambled £	Income £	Gambled £

Other Losses:

Partner	Family	Other Relationships	Home	Job	Other (State which)

Do you have debts due to Gambling:

- | | |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> £20,000 - £99,999 |
| <input type="checkbox"/> Under 5,000 | <input type="checkbox"/> £100,000 or more |
| <input type="checkbox"/> £5000 - £9999 | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> £10,000 - £14,999 | <input type="checkbox"/> In an IVA |
| <input type="checkbox"/> £15,000 - £19,999 | <input type="checkbox"/> Don't Know |
| | <input type="checkbox"/> Do not wish to say |

Present Accommodation: Select a number from below and enter it in this box:

1. Local Authority 2. Housing Association 3. Private Rented 4. Accommodation tied to job 5. Owner occupier 6. Supported housing 7. Homeless hostel 9. Residential care home 10. Hospital	11. Prison 12. Probation Hostel 14. Bed and Breakfast 15. Temporary housing 16. Living with family 17. Staying with friends 19. Sleeping Rough 20. Other (Please state what)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The Gordon Moody Association recognizes that certain groups and individuals are discriminated against on the basis of their race, age or ethnic origin, marital status, nationality, HIV status, gender, sexual orientation and disability. The Association is committed to breaking this and any other cycle of discrimination. Please help us to do this by ticking the boxes below that you feel describe you in the most accurate way.

ETHNIC ORIGIN: Please circle the expression that you feel best describes your ethnic origin				
a, White	British	Irish	White European	Other:
b, Mixed	White and Black British White and Black Caribbean Other:		White and Asian White and Black African	
c, Asian, Asian British	Indian Other:	Pakistani	Bangladeshi	Chinese
d, Black, Black British	Caribbean	African	Other	
e, Other Ethnic group	Arab	Other		
Would you like to describe your ethnic origin in another way? If so please do so here:				
If you do not wish to disclose: please tick here <input type="checkbox"/>				
Do you consider yourself to be disabled? YES NO				
Are you registered disabled? YES NO				

Is there anything else you would like to tell us about your gambling addiction and the problems you have at present?

Information supplied in these application forms may be used to provide statistical data for our funders and toward the understanding and improvement of service provision; and the treatment of gambling addiction in general. However, no personal information will be used and anonymity will be ensured at all times. In signing this form you agree to these terms and conditions of use:

Signature of Applicant: _____ Date: