



## Live Well with Hearing Loss – Post Diagnostic Service

### How we use and protect your personal information

RNID is a charity that works in partnership with Centre of Sign-Sight-Sound to provide our Live Well with Hearing Loss service, which is funded by the Welsh Government Sustainable Social Services Grant.

Our Post Diagnostic Service works alongside the Cardiff and Vale Health board Audiology Department to support with early intervention of hearing loss.

Every year we support people in their own homes, local community and digitally. We aim to help people find solutions to problems caused by hearing loss, deafness or tinnitus.

Recording information about the people who use our service means we can provide a service which is tailored to the individual's needs. The information also allows us to generate statistical information, so we can report back to internal management and our funders on the impact of the work we do, which helps us secure future funding to keep our service running and provides a more effective strategy for future work around hearing loss.

We ask for some information from you on our referral form for the following purposes:

- To provide a service tailored to your needs.
- To keep our own records of the service we provide to you.
- To report to the Welsh Government Grant team on how we have helped you and others, so they will know that supporting our service has a positive impact on people's lives.

RNID may contact you about the Live Well with Hearing Loss service, subject to specific consents you have given us in the referral form.

Our service is evaluated by the organisation, Care and Repair. They may contact you to invite you to give feedback. We will ask you specifically to consent to us passing your contact details to them. If they choose to invite you to take part in providing feedback, you are not obliged to accept.

We will store your information securely and if we have no contact with you for 2 years, your information will be securely destroyed. You have the right to access, change, destroy, withdraw consent or change how we use the personal information we hold about you.

To see our Privacy Policy visit <https://rnid.org.uk/privacy/> or ask us to send a copy. To contact us phone: 02920 333034 or email: [livewell.cymru@rnid.org.uk](mailto:livewell.cymru@rnid.org.uk)



## Live Well with Hearing Loss - Referral Form

By ticking yes to the options below, and providing your registration details, you consent that we can store those details and contact you in the future.

### THIS SECTION MUST BE COMPLETED FOR LIVE WELL WITH HEARING LOSS TO CARRY OUT THE APPOINTMENT

Please tick yes or no	YES	NO
<b>Please complete if you would like an appointment</b>		
I consent to RNID storing my information, in order to provide me with your service and to keep a record of it.		
I consent to RNID referring me onto other organisations which I ask for and the process has been explained fully to me.		
I consent to RNID contacting me about this service, to arrange an appointment, so it is tailored to my needs, and inform me of any changes to the service.		
I consent to RNID contacting me to ask if I wish to give feedback on the service I received or to invite me to take part in any activities to show how the service has helped me. I am not obligated to take part in feedback or any activities if I choose not to.		

Service User Name: ..... Date: ...../...../202

Service User Signature: .....

If no signature can be obtained:

Consent obtained by:    Phone             Email             Other .....

Name of person obtaining consent: .....

Agency/ relationship to client:

Office Use only:	Date
Referral received	

Holding letter sent	
Passed to case worker	

<b>To Refer Someone Else:</b>		<b>Date:</b> /    /2020
Post Diagnostic Wellbeing Session		
New Referral <input type="checkbox"/> Follow up <input type="checkbox"/> Other <input type="checkbox"/> _____		
Referee name:		
Contact details:		
Agency/ relationship to service user:		
Who should we contact to arrange this appointment?		

<b>Refer Yourself / Service Users Information</b>	
Full Name:	
Date of Birth:	Postcode:
Address:	
Who should we contact to arrange the appointment? Myself <input type="checkbox"/> Another person, on my behalf <input type="checkbox"/>	
Name of other person: _____	
How should we make contact to arrange the appointment? (please tick more than one if it is applicable) Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/>	
Telephone / text or email address:	
What language do you prefer to communicate in? Welsh <input type="checkbox"/> English <input type="checkbox"/> BSL <input type="checkbox"/> SSE <input type="checkbox"/> Other .....	
Do you have any relevant health conditions we should be aware of?	

**We do not need this information to provide you with a session but this would help our team to provide you with a more individual service.**

How would you describe your hearing loss?	Hard of hearing <input type="checkbox"/> Deaf (including BSL users) <input type="checkbox"/> No hearing loss <input type="checkbox"/>
Do you wear hearing aids?	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>
Where did you get your hearing aids from? Which hospital/ provider?	
Do you have Tinnitus? Tinnitus is ringing, hissing or roaring sounds in your ears or head that no-one else can hear	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
Are you registered blind or partially sighted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need information in large print, braille, easy read or any other format?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please specify .....

**What are the issues you would like support with during your sessions?**

**How did you hear about the Live Well with Hearing Loss Service?**

**Please return to:** Live Well with Hearing Loss, RNID, Anchor Court North, Keen Road, Cardiff, CF24 5JW

**Or e-mail:** [LiveWell.Cymru@rnid.org.uk](mailto:LiveWell.Cymru@rnid.org.uk)