

Member of Relationships Scotland

Please fill in as much detail as possible and as appropriate, and sign the back of the form.

1. Your de	etails											
Mr/Mrs/Ms/ Miss/Other		First Name			Las	st Name						
Date of Birth	/	/ /					Occupation					
2. Please give us contact details that you are happy for us to use to get in touch with you												
Address												
					Post	Code						
☎ (Home)					☎ (Mobile)*							
E-mail												
*Please tick this box to consent to us leaving a voice message on the phone number you have provided.												
*Please tick this box to consent to us contacting you via text.												
How did you first hear about Relationships Scotland?												
Do you require any special assistance? (If yes, please give details)												
3. Please give details of other party (if applicable)												
Mr/Mrs/Ms/Miss/ Other	First Name					Last Name						
Date of Birth	1 1											
Address												
								Postcode				
☎ (Home)						☎ (Mobile)						
E-mail												
What is your rel	ationship to	the other par	ty?									
4. Childre	n's details											
Child's Full Name		Date of Birth		Д	ige	Gender		Reside With				
		/ /										
			/	/								
		/ /										
,				/								
Who currently has legal parental rights and responsibilities for the children named above? (Please tick all that apply) Mother Father Other, please specify:												
Is there a court order relating to the children?								Not applicable				
5. Are there any other agencies actively involved with or relating to the children?												
Social Work - Social Worker's name:												
Child Psycho	logist	Пар	Пна	alth Visitor								

6. Please	complete each question u	nder section	n 6 only if it is app	licable to yo	ur circumstances.				
	ny ongoing court/legal/police Please initial against your t	ick.	Yes						
b) Are you rep	resented by a solicitor?		Yes	(Go to question C)					
	Name of the firm								
	Name of the solicitor								
	Do we have permission to sh solicitor if appropriate?	are information	on with your	Yes	☐ No				
c) Are you in re	eceipt of Legal Aid?	Yes	Yes		Unsure				
Some of our practitioners i.e. mediators and counsellors may be in training but all have reached the point where they are ready to work with clients. Some counsellors are fully qualified already, but may be training in a new area. Trainee mediators are required to work with a qualified mediator for the first stage of their training and for the second stage after passing assessments, may work alone. These trainee mediators and counsellors are referred to as practitioners-in-training. Please tick this box if you agree to be seen by a practitioner-in-training.									
Confidentiality and Disclosure, and Data Protection Statement We require to hold some of your personal information to be able to provide you with a service*. Any information that you provide us with will be kept confidential within our organisation as included in service specific induction documents, and in our Terms of Business. Compliance is the responsibility of the Service Manager. We will not disclose any information to other individuals or external agencies without your permission unless we are legally obliged to do so. We will only break confidentiality if: • we have concerns about the safety of a child or a vulnerable adult;									
• something is said that suggests either you or your (ex) partner have benefited from the proceeds of crime (under the Proceeds of Crime Act 2002 and / or relevant money laundering regulations);									
• there is violence or threat of violence before, during or after a session where the practitioner, client or other party feels it necessary to call the police, or where a practitioner or worker is a witness to an incident which results in criminal proceedings against a client;									
a disclosure is made relating to a serious crime;									
• we have serious concerns about your own safety as we may have a duty to report this to the appropriate authorities.									
We keep records for a minimum of three years and in some cases for seven years if this is a requirement of a professional body. After the stipulated timeframe, your data will be disposed of securely. Please note that if there is a child protection issue related to your case we are legally obliged to keep your case notes securely forever. Please ask if you wish to know how long your personal data will be kept. You have a right to access the personal data that we hold about you. If you wish to raise a concern about the way we hold your data, please contact the Service Manager who will investigate the matter. If you are not satisfied with our response, or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner's Office (ICO).									
We ask our clients for feedback on the services they have received. This data is used anonymously to improve our service and enables us to evidence our work to potential and existing funders.									
For the avoidance of doubt it is strictly prohibited to record any counselling, mediation or contact centre session. We reserve the right to terminate the service forthwith in such circumstances.									
For Couple Counselling , our counsellors cannot work with couples where there are outstanding court proceedings for domestic violence. Please note that we can reassess your case once proceedings are complete. Furthermore, should you disclose something in an intake session for Couple Counselling or in an individual appointment that your partner does not know e.g. affair, debt issues, addiction which would affect them, this would require to be shared with your partner by you within or outwith sessions, otherwise we reserve the right to withdraw the service.									
What you say in Mediation cannot be used later in court proceedings if mediation breaks down. Only factual information such as details of your property can be used in court proceedings.									
Please refer to our Child Contact Centre rules of engagement for details on how we process and share your information.									
I agree to my da	ata being processed and held	as described	above.						
Signature:			Date:						