

Registration Form



Clients Name:	Home Phone:
DOB:	Mobile Phone:
Address:	Email:
Preferred form of contact:	Next of Kin:
Preferred time of contact:	Telephone number:
Accept news/updates from us: Yes No	Relationship to client:

Children's Name and DOB:	Children's School:
Children reside with:	
Are you receiving support from any other charity (please specify):	

AREAS OF NEED: *If you feel you need support from Eema Care, please provide as much information as you can below.*

I consent to Eema Care holding my personal details on file.

Name:

Eema Care

Client Data protection privacy statement (May 2024)

Eema care is registered with the ICO - Information Commissioner's Office

In line with GDPR (General Data Protection Regulation) guidelines Client Data will only be used for the purposes for which it was given.

Your information will be kept unless we receive a request from you, asking for your information to be removed and or changed.

Data may be shared with other Eema care staff and other agencies if we feel it will help you (the client).

Please let us know if you would like us to handle your data differently.

I consent to my data held and used in this way.

Print Name.....

Signed

Date