

CASS+ Family court self-referral form

Please fill in the form below if you need free, confidential help and emotional support through family court.

Name: _____

Prefer to be known as: _____

Date of birth: _____ Gender: _____

Ethnicity: _____ Sexual Orientation: _____

Are you working at present? Yes/No

Are you in receipt of benefits at present? Yes/No

Which benefit/s do you receive?

Your contact details

Address: _____

_____ Postcode: _____

Telephone: _____

Is it ok to leave a voicemail? Yes/No

Email: _____

www.cassplus.org

117 North Hill, Plymouth, PL4 8JY

charity no: 1160513

V.02 01/25

Please give the name of the other parent / guardian / party involved	
Are you the applicant or respondent?	Has a C100 been completed? Yes/No
Has mediation taken place?	Have there been previous hearings or orders?
Is there a court hearing scheduled? Date: Court:	Do we need to know anything else?

Please give a brief overview of what it is you would like support with?

CASS+ client privacy policy

CASS+ provides free, confidential advice and emotional support for people going through the Magistrates' and Family Courts. In order to do this, we need to collect personal data from you which will support the activities that we conduct on your behalf. We take your privacy very seriously and request that you sign this form to ensure you give consent to share information on your behalf to help us and others to coordinate your support. This will be

- ❑ shared across our internal staff and volunteer workers to manage your support
- ❑ stored securely on site in line with our Data Protection and Confidentiality Policy
- ❑ shared with relevant third-party agencies to discuss or activate referrals, to progress your support or provide services to you, whilst abiding within the policies operated by CASS+. Your information will not be shared with, or sold to, any third parties for the purposes of marketing or sales
- ❑ held for a period of six years to support evaluation or research purposes. It will then be destroyed.

You have the right to

- ❑ access any information that we hold about you
- ❑ withdraw your permissions at any point
- ❑ ask for your files to be destroyed

There are a few exceptional circumstances where we would disclose information without your consent:

- ❑ If it is believed that the welfare and safety of children and young people under 18 are being put at risk
- ❑ If you express an intent to cause significant harm to yourselves or others
- ❑ If CASS+ is instructed by a court of law to reveal information about you
- ❑ If you provide specific details about a serious crime which has been committed or is to be committed

Any reasons for breaching our confidentiality agreement with you will be treated very seriously and, if we are able, we will notify you of this and our reasons for disclosure.

You will also be informed if there has been any inappropriate or accidental breach of your data. All such breaches will be reported to the CASS+ CEO and the Information Commissioner's Office. If you need to make a complaint, you will be given details on how to activate this same process.

CASS+ may also contact you as part of your ongoing support. We need your permission to do this. Please fill in the details below:

I give consent to being contacted, or through another person:

Family member or named person: _____

Relationship to client: _____

I _____ have read the CASS+ Privacy Policy and give permission for CASS+ representatives to process my personal information under the provisions of the Data Protection Act.

I understand that this data may concern my health and welfare.

Client's signature: _____

CASS+ representative: _____

Signature of CASS+ representative: _____

Date: _____

We look forward to supporting you through court.

Find out more here: www.cassplus.org