Jah-Jireh Charity Homes – Head Office
317 Lytham Road, Warton
Preston
PR4 1TE
Telephone: 01772 633 380
Email: admissions@jah-jireh.org

PRE-ADMISSION: CONSENT FORM (Policy CA 13)

Resident Name:	
Notes to the Applicant: For your protection and privacy, your consent is required before we request information from you or carry out any examination of procedure. Please read the questions below, or ask someone to read them to you, and indicate clearly YES or NO to each question.	
1. Do you consent to answering questions, giving information, and having that information recorded, for the purposes of an assessment of your needs?	YES or NO (Please indicate your choice)
2. Do you consent to the service consulting with other professionals concerned with your care or support, for the sole purpose of obtaining information for the completion of this assessment?	YES or NO (Please indicate your choice)
3. If necessary, do you consent to a physical examination (i.e., observation of any bruising or wounds needing care) and having that information recorded, for the purposes of an assessment of your needs?	YES or NO (Please indicate your choice)
4. If you become a resident, do you consent to having a photograph taken of any wounds or skin lesions which an examination may show, and having that information recorded, for the purposes of considering your care needs?	YES or NO (Please indicate your choice)
5. Do you consent to this assessment being read by staff who may provide care and support for you (and only those staff)?	YES or NO (Please indicate your choice)
6. If you become a resident in one of our Care Homes, do you consent to share your information with the local congregation of Jehovah's Witnesses? This may include your name, date of admission to the home, a copy of your Life History document, details of your personal contacts and information regarding your general welfare whilst you are in the home.	YES or NO (Please indicate your choice)
Additional Comments: (Please continue on a separate sheet if needed).	
Applicants Signature*: Name (In Capitals): Date:	…… …… …… *This form must be signed by the applicant unless they have been medically assessed as not having capacity in which case it may be signed by a Power of Attorney