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**Contact record – Evening Helpline**

**Name of helpline assistant**:

*When completing this contact form it is important that we have as many details as possible. However, it is important to remember that this should never be the focus of the call, and this information should only be asked for it feels appropriate.*

**Callers name**:

**Relationship to person with PSP/CBD**:

|  |  |  |
| --- | --- | --- |
|  | Person with PSP/CBD | Family/informal carers details |
| Name |  |  |
| Address *(incl postcode)* |  |  |
| Date of birth |  |  |
| Gender |  |  |
| Tel: home |  |  |
| Tel: mobile |  |  |
| Email |  |  |
| Permission to leave a message |  |  |
| Date of diagnosis |  |  |

**GDPR – Consent**

Please ask consent to store their information on PSPA database: Yes  No 

*Please explain that we would like to keep in contact with them about our news, fundraising activities, volunteering and appeals. They can see how we use their data by reading our privacy policy on the website.*

They would prefer to be contacted by: Email  Post 