

**Referral to Swindon Borough Council**

**Supported Employment, Building Bridges Programme**

**Privacy Notices-Supported Employment**

**Who is collecting and using your personal data?**

Swindon Borough Council will act as a “Data Controller” for any personal data

That you provide to us. We will ensure that the data given to us is processed in

Line with our Data Protection Act 2018 (DPA 18) and the EU General Data

Protection Regulations. (GDPR)

To find out more about Swindon Borough Council’s data protection policies

Please contact our Data Protection Officer. [dataprotection@swindon.gov.uk](mailto:dataprotection@swindon.gov.uk) or

In writing to Data Protection Officer, Civic Offices, Euclid Street, Swindon,

Wiltshire, SN1 2JH.

**Why are we collecting your personal data?**

Swindon Borough Council will use any data collected to process your Referral to

The Building Bridges Programme.

**Who will we share your personal data with?**

The data you provide will be shared with Building Bridges Programme to enable

us to register you onto the Programme.

**How long will we hold your personal data?**

Until you have been registered onto the Building Bridges Programme **OR** if you

don’t register data will be destroyed/removed after 6 months.

**REFERRAL DETAILS-please complete reverse of this form**

Name: ………………………………………………………………………………………………………………………………………………..

Age: …………………………………………………………………………………………………………………………………………………..

Address: ……………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………Postcode…………………………………………………

Telephone Number: ……………………………………………………………………………………………………………………….

Email Address: ……………………………………………………………………………………………………………………………….

Nature of your Disability..........................................................................................................................

……………………………………………………………………………………………………………………………………………………………

Are you receiving a service from any other agency e.g. social worker?....................................................

………………………………………………………………………………………………………………………………………………………………

Do you have an EHCP? ..............................................................................................................................

Would you like to nominate another person for us to communicate with on your behalf? Yes/No

If yes please provide contact details:-

Telephone Number: ……………………………………………………………………………………………………………………..

Email: ……………………………………………………………………………………………………………………………………………

When attending meetings would you require any extra provisions i.e. ground floor meeting room due to mobility issues. Yes/No

If yes please give details: ……………………………………………………………………………………………………………………..

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**I consent to this data being used for the purposes of my referral to the Building Bridges Programme. I understand that if I do not become a participant on the programme, this data will be deleted in accordance with the Swindon Borough Council Privacy Notice.**

**Signed: ………………………………………………………………………………………… Date: …………………………………**

**Please return this form to**

**Supported Employment Team**

**Wat Tyler West, 4th Floor, Beckhampton Street, Swindon SN1 2JG**

**Or**

**E-mail completed scanned form to**

[**supportedemployment@swindon.gov.uk**](mailto:supportedemployment@swindon.gov.uk)

**Telephone Number 01793 464770**