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| INFORMATION FORM FOR THE INSTRUCTION OF EXPERT SOCIAL WORKER LTD TRADING AS SOCIAL WORKER GARY |
| The full name of the person who will be responsible for signing the contract and paying any fees (we call this the instructing party)  |  |
| The full address of the instructing party (inc. postcode)  |  |
| Contact details of the person instructing me for the contract to be signed, including email and/or telephone number | Email address:  |  |
| Telephone number:  |  |
| Mobile contact:  |  |
| **ABOUT THE PERSON I AM ASSESSING** |  |
| The full name of the person I am assessing (including any middle names and names they are known by) |  |
| Their title (Mr/Miss/Mrs/Ms/Mx/Dr/Prof/Rev/Hon etc.)  |  |
| Their gender (do they identify as male/female/non-binary or other?)  |  |
| Their date of birth  |  |
| Their residency (usual place of abode, where do they usually live? Please include postcode)  |  |
| Current place (are they living somewhere else, i.e., care home, respite stay, staying with family. Please include postcode) |  |
| Does someone have a copy of a letter confirming a formal diagnosis (i.e. dementia, Parkinson’s disease, Huntington’s disease etc.) |  |
| The address of the location where I will be assessing the person (if different from another of the above)  |  |
| Any communication difficulties, hard of hearing, sight loss, or sensory impairments?  |  |
| Languages spoken  |  |
| In your view, what time of the day is the person most suitable to see them when are they most alert, awake or orientated?  |  |
| Any other comments you wish to make about the person I am assessing or the property (any risks, concerns, worries, topics to exercise caution around etc.)  |  |
| **WHO IS PLANNING TO SUPPORT THIS PERSON (IF ANY)** |  |
| The full name of any proposed attorney or court-appointed deputy (the person(s) who will be looking after the affairs/welfare of the person)  |  |
| Their residency (usual place of abode, inc. postcode)  |  |
| Their contact details  | Email address:  |  |
| Telephone number:  |  |
| Mobile contact:  |  |
| **FINANCIAL DETAILS – PRIVATE AND CONFIDENTIAL** |  |
| Please provide a detailed oversight with details about what constitutes their property and affairs, so an oversight of the following: |  |
| Main accounts |  |
| Savings accounts |  |
| Any shared accounts |  |
| ISAs / Bonds / Endowments / Stocks/ Shares etc. |  |
| Any pension(s)? |  |
| Any other income to manage, such as rent, income from other property, any property abroad? |  |
| Property (they own – such as a legal or equitable interest – trusts) – including cars, flats, houses, land, tangible items etc.  |  |
| Any business they own, manage, or look after? |  |
| What else (if any) are you hoping to manage as a proposed deputy besides the above? |  |
| Is there an Independent Financial Advisor or Later Life Financial Advisor involved? If yes, please provide their name and contact details  |  |
| Any other comments |  |
| *N.B. I need this above information in the green boxes because the assessment must include how they would otherwise manage this without a deputy/attorney. This is a crucial part of the assessment; the sums need not be wholly accurate but must and should be as precise as possible. I need the salient details, but do not need full details, such as the bank account number, and sort code. Just the name of the bank and figures will suffice. You may feel more comfortable calling me with this information rather than expressing it via email or on this form, which I am happy to take down on the phone. Please note: I keep this information locked away until the assessment and I then dispose of this securely, once no longer required.* *Please call me on 02392 985459 or 07834768103 if you have any questions.*  |

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| Name of person completing this form  |  |
| Relationship to the person being assessed |  |
| Date completed |  |

**This form is Private and Confidential when complete.**

This document is kept secure at our offices in Portsmouth and disposed of when no longer required. We use our own shredding process in the office and dispose of the waste sensitively.

When completed, please send this via email to gary@socialworkergary.co.uk or post to **Office 7, 8-9 Rodney Road, Portsmouth, Hampshire, PO4 8ES**.

We have a receptionist on site 7 days a week who can accept mail. For your peace of mind, we are registered with the Information Commissioner's Office and must abide by the strict Data Protection Code of Practice and the Data Protection Act 2018.

Our ICO reference number is ZB213471, and you can view our certificate [here](https://ico.org.uk/ESDWebPages/Entry/ZB213471).