



CLIENT REGISTRATION FORM

Burnley & Pendle Citizens Advice needs your permission to record details about you and your enquiry so that if you see us again, we will not need to ask you the same questions. Please complete the form and hand it to the Adviser. Thank you.

Title MR / MRS/ MS / MISS / OTHER (Please state) _____

First name : _____ Last name : _____

NI number: _____ Date of birth : _____ or, Age : _____

Address : _____

Post code : _____ Home tel number: _____

Mobile number : _____ Email: _____

Please use this box to let us know if there are any restrictions on contacting you should the need arise .

Please use this box to tell us what you need help with.

I give my permission for Burnley & Pendle Citizens Advice to record, store and should the need arise, share my personal details and information relating to my enquiry. I understand that in the event that I am referred to a Partner agency, that my information will be shared with that Partner.

Signed : _____

Date : _____

May we contact you in the future to find out how you have got on?

Yes, I am happy for you to contact me

No, please don't contact me

*** PLEASE TURN OVER AND COMPLETE THE NEXT SECTION**

Please do not fill in this section. For office use only

Client Ref no

Gateway Adviser

Client Issue:

Result of Gateway

1. Ethnic Origin:

- White:
- British
- Irish
- Roma/gypsy/traveller
- Other
- Mixed:
- White & Black Caribbean
- White & Black African
- White & Asian
- White & Other
- Asian or Asian British:
- Indian
- Pakistani
- Bangladeshi
- Other
- Black or Black British:
- Caribbean
- African
- Other
- Other:
- Chinese
- Any other
- Prefer not to say

2. Gender:

- Disabled
- Female
- Male
- Prefer not to say

3. Disability and health:

- Not disabled
- Disabled
- Prefer not to say
- If disabled, cause of disability
- Mental health problem
- Sight - blind/sight impaired
- Hearing- deaf wholly/partially
- Other physical impairment
- Learning difficulty
- Cognitive problems (e.g. dementia, autism)
- More than one of these
- Prefer not to say

Do you have other long-term health problems?
Yes/No

4. Preferred Language:

- English
- Other - please state:
.....

5. Your Nationality:

- British
- Other – please state:
.....

6. Your Occupation:

- Employed over 30 hrs
- Employed under 30 hrs
- Self-employed
- Unemployed – disabled
- Unemployed – sickness
- Unemployed
- Volunteer
- Retired
- Student
- Carer – elderly/disabled
- Carer – children
- Looking after home - no dependents
- Govt. employment scheme
- Prefer not to say

7. Your Household:

- Single person
- Single person with dependant children
- Single person with non-dependant children
- Couple
- Couple & dependant children
- Couple with non-dependant children
- Other - adults only
- Other - with dependant children
- Prefer not to say

8. If you were referred, who ask you to come here? (eg Job Centre, Doctor, Council)

9. Monthly Household Income. Take-home pay after deductions, plus any benefits, for all in household:

- Under £400 per month
- £400-£599
- £600-£999
- £1,000-£1,499
- £1,500-£1,999
- £2,000-£2,499
- Over £3,000
- Prefer not to say

10. Your Housing:

- Owned (no mortgage)
- Buying (mortgage)
- Shared ownership
- Council/ALMO tenant
- Housing Association/RSL tenant
- Private tenant
- Rent-free – with job
- Relatives/friends house
- Hostel
- Prison
- Homeless
- Other
- Prefer not to say

11. Marital status:

- Single
- Married / cohabiting / civil partnership
- Married but separated
- Divorced
- Widowed
- Prefer not to say

12. Your dependents:

Fill in the number. How many -
Children aged under 14? _____
Child dependents aged 14 or over? _____

No. of adult dependents who do not work? _____

How many people altogether in your household, including you? _____