

**MSc Nutritional Therapy Teaching Clinic**

**NUTRITIONAL THERAPY CLINIC CLIENT CONTACT SHEET**

**PRIVATE AND CONFIDENTIAL**

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| **Date** |  |

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| --- | --- | --- | --- |
| **First Name:** | **Surname:** | | **Title:** |
|  |  | |  |
| **Address:** | | | |
|  | | | |
| **Telephone Numbers** | | **Email** | |
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| **Preferred Method and Time of Contact** | |
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| ***IF YOU ARE UNDER 18 YOU WILL NEED CONSENT FROM A PARENT OR GUARDIAN TO SEE A NUTRITIONAL THERAPIST*** | | | |
| **Name of Parent / Guardian:**  **Parent / Guardian Signature: …………………………………………………….**  **Date …………………** | | | |
| **name and address of gp**  (*Your GP will not be contacted without your written consent.*) | | | |
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| **REFERRAL DETAILS** | | | |
| *Please state below how you heard about the Nutritional Therapy Clinic and if you* *are known or related to one of our current Nutritional Therapy clinic students. This is to avoid us assigning you to this student within clinic.* | | | |
| **PLEASE HIGHLIGHT BELOW WHICH CATEGORY APPLIES TO YOU** | | | |
| University of Worcester - Student  University of Worcester- Staff  General public | | | |
| **Please return questionnaire to:** | | | |
| Nutritional Therapy Clinic Administrator  School of Health and Wellbeing  Department of Community, Social justice and Health  ECB008, Elizabeth Casson,  Severn Campus, Hylton Road,  Worcester,  WR2 5JN  [nutritionaltherapyclinic**@worc.ac.uk**](mailto:nutritionaltherapyclinic@worc.ac.uk) | | | |

The information you provide in this for will be used by the University to assess your case and assign you to a student Nutritional Therapist. Please note that your telephone number will only be given to your student Nutritional Therapist once we have assigned your case and that they will only use it for the purpose of contacting you to arrange an appointment.

Once you have been seen in a clinic and the working relationship with your student Nutritional Therapist ceases, they will delete your contact number and refrain from using it. If you have further queries after this point, please contact the Nutritional Therapy email address above.

Furthermore, within the clinic we use a questionnaire called MYMOP® in our data collection. Meaningful Measures Ltd operates the license for MYMOP® and collects anonymized and non-identifiable data to create a database of anonymized concerns/symptoms/activities. This data collection helps organizations understand people’ needs. Your MYMOP® data will be fully anonymized and sent securely ONLY to Meaningful Measures Ltd, for more information see the website: [www.meaningfulmeasures.co.uk](https://www.google.com/url?q=http://www.meaningfulmeasures.co.uk&source=gmail-imap&ust=1692882401000000&usg=AOvVaw0u6_vfXVJpzSUXfz56YMpd)”

For further details about how the University uses your personal data, please see the [privacy notice](https://informationassurance.wp.worc.ac.uk/data-protection/privacy-notices/research-participants-supporters-and-visitors-privacy-notice/) on our website.