

The Caxton Foundation

Consent form for referral to Benefits Adviser

Ref: [REDACTED]

Full Name: [REDACTED]

Date of Birth: [REDACTED]

National Insurance Number: [REDACTED]

Address: [REDACTED]

Contact Tel No: [REDACTED]

Is it ok to leave a message on this number? Yes/~~No~~ [REDACTED]

Email Address: [REDACTED]

Reason for Referral: IVE BEEN HAVING PROBLEMS WITH ESA FOR YEARS. AND DON'T KNOW WHERE TO TURN.

I hereby confirm that (please tick relevant boxes):

I would like a referral to the Benefits Adviser, Neil Bateman. I consent to details about me and any family members being passed to the Adviser by the Caxton Foundation and the Skipton Fund (if applicable/necessary).

I consent to the Adviser providing a report to the Caxton Foundation regarding the advice given to me and recommendations made.

(Please note that we will still refer you to the Benefits Adviser without your giving us consent to receive a report and recommendations from them. However, without this information it may be more difficult for us to assess the best way we can help you.)

Signed: [REDACTED]

Date: [REDACTED]

Please return this form to: Nicole Hornby, The Caxton Foundation, Alliance House, 12 Caxton Street London SW1H 0QS