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| Medical Reference | |
| Medical reference for a Responsible Individual of a care service | |
| Full Name |  |
| Address |  |
| Post code |  |
| Telephone number |  |
| E-mail |  |
| Date of Birth (dd/mm/yyyy) |  |
| Place of birth |  |
| Maiden name |  |
| Any other previous surname |  |
| Type of service  (ie. care home service, domiciliary support service) |  |

**Important:** We process any personal and/or sensitive information we hold about you fairly and lawfully, and we only ask for such information where it is necessary for us to carry out our role. For more information about how we process your personal data, and your rights in relation to this, please see our Privacy Notice at <https://careinspectorate.wales/how-we-use-your-information>, or contact us for a paper copy.



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| GP Section  (to be completed by GP) | |
| Name |  |
| Surgery address |  |
| Surgery postcode |  |

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| Note to GP |
| The individual named overleaf has been designated as the Responsible Individual for a service regulated by us. The role of Responsible Individual holds certain legal duties, such as ;   * overseeing the management of the regulated service; * appointing a suitable manager; * ensuring effective oversight of the regulated service, including the adequacy of resources; * reviewing and improving the quality of the service; * and promoting a culture of openness and accountability. |

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| It is my opinion that after reading the medical notes of: Name of applicant  (please tick appropriate box below\*)  \*please do not write any sensitive information on this form as it will be uploaded as part of an application, if you cannot tick the boxes below, we will contact you for further information | |
| There is nothing in the individual’s medical records which would impact on their ability to comply with the duties set out above |  |
| The individual has a condition or disability (including mental disability) which may affect their ability to comply with the duties set out above |  |

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| GP Signature | | Date |
|  | |  |
| Surgery stamp\*\*  \*\*medical reference is invalid without the surgery stamp |