



Kick IT Self-Referral Application Form

Kick IT helps young people to stop smoking. It is a confidential service and information is not shared.

About you

Name				
School				
Ethnicity	White		Black or Black British	
	Mixed		Chinese	
	Asian or Asian British		Other	
Date of birth				
Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Address				
Postcode				
Preferred telephone number				
Email address				
GP/doctor practice (if known)				
How many cigarettes do you smoke each day?				
How long have you been smoking?				
Do you have any health conditions? If so, please list below:				
Please list any medication you are taking:				
Are you registered disabled Yes No				
If yes please specify				

Thank you. Please return this form in an envelope to: Freepost MID 24259 Derby City Council Corporation Street Derby DE1 2BR, hand it in to a Movement team member or email it to liveit@derby.gov.uk. We will treat all information provided in confidence and in accordance with the Data Protection Act 1998. It will be used for the purpose of managing your Live IT programme. We may need to share it with other departments or organisations to support the care connected to your health and wellbeing – but this will be with your consent unless the law allows us to do so without your explicit consent. We will not share it with any other organisations and it will not be used for any other purpose.



A Derby City Council Project