Plymouth Advocacy

Database No: (office use)

Community Advocacy Referral

Referrals can only be accepted if the person needing an advocate has given their consent. If you believe they do not have the capacity to consent, please give brief details on the 'Additional Information' section of this form.

If you need help with this form, call us on 0300 343 5719 or Text SEAP to 80800

Are you asking for an advocate for yourself? ☐ Yes ☐ No
If Yes, please go to 'Client information'

If No, has the person given their consent for the referral? ☐ Yes ☐ No ☐ Unable to Consent
Please complete both the 'Client Information' and 'Referrer Information' sections

CLIENT INFORMATION

☐ Mr ☐ Ms ☐ Mrs ☐ Other	**Full Name:**
Date of Birth:	
Gender: ☐ Male ☐ Female ☐ Transgender M to F ☐ Transgender F to M ☐ Prefer not to say ☐ Other (specify)	
Home Address: **Postcode:**	**Current Address, if different:** **Postcode:**
Telephone No.	**Telephone No.**
Mobile Telephone No.	
Email:	

Please tick any which apply:

☐ Asperger's / Autistic Spectrum Disorder	☐ Mental Health
☐ Older Person	☐ Hearing Impairment
☐ Dementia	☐ Visual Impairment
☐ Physical Disability	☐ Learning Disability
☐ Other – please call us on 0300 343 5719	☐ Acquired Brain Injury

Additional Information:

seAp advocacy Support Empower Advocate Promote

Plymouth Highbury Trust

RAD Royal Association for Deaf people

Which is the best way to contact you?

☐ Mobile phone	☐ Email
☐ Landline telephone	☐ Post

Best times:

☐ Morning
☐ Afternoon

Are there any dates when you can't be contacted?

Do you have any special needs we should consider when contacting or visiting you?

Are there any risks we should be aware of when visiting or arranging to meet you?

Are there any deadlines or important meeting dates?
(If this is within 3 working days of now, an advocate will probably <u>not</u> be there)

What help is needed from an Advocate?

Client Information (check ONE box only in each section)

Ethnic Background

White
- ☐ British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background (specify)

Mixed Ethnic Groups
- ☐ White & Black Caribbean
- ☐ White & Black African
- ☐ White & Asian
- ☐ Any other Mixed ethnic background (specify)

Black / Black British
- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/Caribbean background (specify)

Asian / Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background (specify)

Other Ethnic Group
- ☐ Arab
- ☐ Any other ethnic group (specify)

- ☐ Ethnicity not known
- ☐ Prefer not to say

Sexual Orientation
- ☐ Lesbian
- ☐ Gay Man
- ☐ Heterosexual
- ☐ Bisexual
- ☐ Other (specify)
- ☐ Questioning
- ☐ Not known
- ☐ Prefer not to say

Marital or Civil Partnership Status

- ☐ Single
- ☐ Co-habiting
- ☐ Married
- ☐ In Civil Partnership
- ☐ Not known
- ☐ Separated (but still legally married / in civil partnership)
- ☐ Divorced or Civil Partnership Dissolved
- ☐ Widowed
- ☐ Surviving partner of Civil Partnership
- ☐ Prefer not to say

Religion or Belief

- ☐ Buddhist
- ☐ Christian (all denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Not known
- ☐ Muslim
- ☐ Sikh
- ☐ No Religion
- ☐ Other (specify)
- ☐ Prefer not to say

Do you have a Military connection?

- ☐ Yes, Serving
- ☐ Yes, Veteran
- ☐ Yes, Carer relationship
- ☐ No
- ☐ Not known
- ☐ Prefer not to say

Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Not known
- ☐ Prefer not to say

The Data Protection Act says we need to make sure you agree that we can keep personal information about you.

I would like Plymouth Advocacy to advocate for me.

I understand that my information will be stored safely on a computer.

Your Name or Signature:	Date:

REFERRER INFORMATION (not required if you are asking for an advocate for yourself)	
Name:	
Organisation:	
Job Title:	Best contact number:
Address: **Postcode:**	Relationship to client:
Email:	
May we contact the client directly? ☐ Yes ☐ No	
By submitting this form, I confirm that I have consent from the client to make the referral to Plymouth Advocacy or have the authority to make the referral for the client. I understand that the information will be stored in accordance with the Data Protection Act.	
Referrer's Name or Signature:	Date:

Please email the completed form to: Plymouth@seap.org.uk

or post to: PO Box 375, Hastings, TN34 9HU

If you have not heard from us within 3 working days, please contact Plymouth Advocacy on: **0300 343 5719** or Text **SEAP** to **80800** (followed by your message)