**Community Focus**

(Eligible for those currently residing in East Lancashire only)

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| **Full name:** |  |
| **DOB:**  |  |
| **Permanent address:** |  |
| **Area:**  | [ ]  Burnley[ ]  Pendle [ ]  Rossendale[ ]  Hyndburn[ ]  Ribble Valley |
| **Telephone number:**  |  |
| **Mobile number:** |  |
| **Email address:**  |  |
| **Disability or impairment:**  | [ ]  Learning disability[ ]  Acquired brain injury [ ]  Autistic spectrum disorder[ ]  Dementia[ ]  Neurological conditions[ ]  Stroke[ ]  Mental health condition [ ]  Sensory impairment [ ]  Long term health condition [ ]  Physical disability [ ]  None [ ]  Not listed, **please specify:**[ ]  Prefer not to say |
| **Gender:** | [ ]  Female[ ]  Male [ ]  Non-binary[ ]  Not listed, **please specify:**[ ]  Prefer not to say |
| **Pronouns:** | [ ]  He/him [ ]  She/her [ ]  They/them  |
| **Sexual orientation:**  | [ ]  Bisexual[ ]  Heterosexual[ ]  Lesbian or gay[ ]  Not listed, **please specify:** [ ]  Prefer not to say |
| **How does the person communicate?**  | [ ]  English[ ]  Other spoken language, **please specify:** [ ]  British Sign Language[ ]  Words/pictures/Makaton [ ]  Gestures/expressions/vocalisations[ ]  Not listed, **please specify:** [ ]  No obvious means of communication |
| **Ethnic origin:**  | [ ]  Arab/British Arab[ ]  Asian/British Asian [ ]  Black/Black British[ ]  Gypsy/Roma/Traveller[ ]  Mixed heritage[ ]  White British – English, Welsh, Scottish, N. Irish[ ]  White – Irish [ ]  White Other [ ]  Not listed, **please specify:** [ ]  Prefer not to say |
| **Religion or belief:**  | [ ]  Atheist[ ]  Baha’i [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Humanist[ ]  Jewish[ ]  Muslim[ ]  Pagan[ ]  Not listed, **please specify:** [ ]  Prefer not to say[ ]  No religion or belief |
| **Have you or any of your family served in the armed forces?** | [ ]  Yes[ ]  No |

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| **Issue(s) the support relates to:**(please refer to website for criteria)  | [ ]  Health[ ]  Social Care[ ]  Benefits[ ]  Housing [ ]  Employment/Training[ ]  Complaints |
| **Outline of support required:** (Please provide as much information as possible) |   |
| **Are you currently working with any of the following services?** | [ ]  Social Prescriber[ ]  Care Coordinator[ ]  Health and Wellbeing Coordinator[ ]  Social Worker [ ]  Other (please specify):   | Please provide the name and contact details for anyone you are working with below: **Do you consent to us contacting them?** [ ]  Yes[ ]  No |

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| **Consent:**  |
| Because of the GDPR (2018), we need signed authorisation to say that people agree to Advocacy Focus holding personal information (including the information on this form) |
| **Does the person have capacity to consent to the referral?** | Yes [ ]  | No [ ]  |
| **If yes, has consent been obtained?** | Yes [ ]  | No [ ]  |
| **Signature:**  |
| **Date:** |

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| **If you are referring on behalf of someone else, please provide your details below:** |
| **Name:**  |  |
| **Address:** |  |
| **Telephone:**  |  |
| **Signature:** |  |
| **Date:**  |  |

**Once this form is complete, please email it to: admin@advocacyfocus.org.uk**