**Community Advocacy (Lancashire)**

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| **Full name:** |  |
| **DOB:**  |  |
| **Permanent address:** |  |
| **Current location if different from permanent address:** |  |
| **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 this one☐ Physical disability ☐ None ☐ Not listed, **please specify:**☐ Prefer not to say |
| **Gender:** | ☐ Female☐ Male ☐ Female, Male at birth ☐ Male, Female at birth ☐ 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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| **Outline of the issue:**Must be in relation to health and social care issues |  |

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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:**  |

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

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