**Community Advocacy (Lancashire)**

|  |  |
| --- | --- |
| **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 |

|  |  |
| --- | --- |
| **Outline of the issue:**  Must be in relation to health and social care issues |  |

|  |  |  |
| --- | --- | --- |
| **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:** | | |

|  |  |
| --- | --- |
| **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**