**Community Advocacy (St Helens)**

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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  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:** |  |

**\*\*Please be aware, at times the allocated advocate may require further information from the referrer. If there is no contact this may result in delays in support or closure of the case.**

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