



Advocacy Referral Form

If you need help with this form, call us on 0330 440 9000 or Text PEOPLE to 80800

If completing online, click once on relevant box to check. Write in text fields, where required.

Date of Referral:					
Referred by:					
Self-referral (go to Client Inf	ormation)				
Professional referral (complete below information) Other (complete below information)					
Referrer Name: Job Title/Relationship to C	Client:				
Has the client consented and Address:	to this referral?	☐ Yes ☐ No			
Postcode: Tel No: Email:		Mobile No:			
Client Information					
Title:	Full Name:				
Date of Birth:					
Permanent Address:					
Current Address (if different):					
E-mail					
Telephone No.		Mobile No.			

Preferred method of contact:					
Any Telephone	E-mail Post				
Mobile Phone Text	Cannot be contacted directly				
What is the Client's primary communication method?					
Spoken English	Other Spoken Language (specify)				
British Sign Language (BSL)	Other (specify)				
Words/Pictures/Makaton	No obvious means of communication				
Gestures/Facial Expressions/Vocalisations Not known					
Does the client consider themselves to have					
Not known	Prefers not to say				
Main referral issue					
Please note, not all issues are supported.					
Eligible service users:					
This service only provides support to individuals in o	ne or more of the following categories:				
Adults with an assessed need and/or diagnosed Mental Health (Care and Treatment) (Scotland) A	mental health disorder as defined and covered by the				
Adults with an assessed need who are subject to Protection (Scotland) Act 2007	o statutory intervention under the Adult Support and				
 Adults with an assessed need/who lack capacity and are subject to statutory intervention under the Adult with Incapacity (Scotland) Act 2007 					
 Adults with an assessed need and/or diagnosed learning disability who are in receipt of services provided by Shetland Islands Council Community Health & Social Care Department and/or NHS Shetland 					
Adults with an assessed need and/or diagnosed as having dementia who are in receipt of services provided by Shetland Islands Council Community Health & Social Care Department and/or NHS Shetland					
_	with an autism spectrum disorder who are in receipt of ommunity Health & Social Care Department and/or NHS				
 Adult carers with an assessed need who are in receipt of services provided by Shetland Islands Council Community Health & Social Care Department and/or NHS Shetland 					
To check, please call 0330 440 9000.					
Case Details					
Information about the need for advocacy s	support				
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What is the main issue?		

Emergency Contact Information (optional)
Name:
Relationship to Client:
Telenhone Number

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

Declaration:

- I wish to request advocacy support from The Advocacy People.
- I understand that client information will be stored safely on a computer.
- I confirm that I am either a self-referring client or I have consent from the client to make the referral, or I have the authority to make the referral for the client.
- I agree to The Advocacy People and their delivery partners holding personal information (including information on this form).
- I understand the provision of an advocacy service is subject to the client meeting eligibility criteria.

Please e-mail the completed form to info@theadvocacypeople.org.uk

or post to P.O. Box 375, Hastings TN34 9HU

If you have not heard from us within 3 working days, please contact The Advocacy People on **0330 440 9000** or Text **PEOPLE** to **80800** (followed by your message)

By requesting advocacy support, you give consent to The Advocacy People sharing information, as required for the purposes of providing the service. For more information on our Privacy Policy, please ask your advocate or go to www.theadvocacypeople.org.uk/privacy

Confidentiality:

Communications between you and The Advocacy People are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g. where you tell us something which leads us to believe you or someone else may be at risk of serious harm or abuse or committing a serious criminal offence, where there is a court order for disclosure, or where we would be breaking the law by failing to disclose.

All records are held by The Advocacy People in accordance with current Data Protection legislation.