

**Advocacy Referral Form**

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| **Date:** | | |
| **Name of Person needing advocacy (client):**  **Date of Birth:**  Likes to be known as: | | |
| **Clients’ contact details** | | |
| **Phone:** | | **Mobile:** |
| **Address:** | | **Email:** |
| **What is the ethnicity of the client?** Disability Sheffield are committed to ensuring Black, Asian, and Minority Ethnic people have equal access to our services. We ask for this information in order to monitor this. | | |
| White - British  White - Irish  White - Other  Mixed Race - White & Black Caribbean  Mixed Race - White & Black African  Mixed Race - White & Asian  Mixed Race - Other  Asian or Asian British – Indian  Asian or Asian British - Pakistani  Asian or Asian British - Bangladeshi  Asian or Asian British - Chinese  Asian or Asian British - Other  Black or Black British - Caribbean  Black or Black British - African  Black or Black British - Other  Client declined to say  Other - Please Specify: | | |
| **Referrer Details (if different from client)** | | |
| **Name:** | | **Address:**  **Email:** |
| **Phone:** | | **Relationship to client**: |
| **Is the client aware of this referral?** Yes / No  Or please tick here if they don’t have capacity to agree:  **(Where someone has capacity to consent we can only work with them if they have agreed to the referral)** | | |
| **Please enter below names and contact details for any significant individuals that the advocate may need to have contact with, eg social worker, family members, doctors** | | |
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| **Does the client have any needs or preferences with regard to the ways they are contacted? (availability, communication needs, formats, translation needs, message passing, confidentiality issues etc)** | | |
| **Nature of enquiry: briefly list the health/social care or related issues facing the client and what help they are seeking:** | | |
| **Are there any deadlines/ time limiting factors that need to be worked towards?** | | |
| **Is there any other important information that you think we need to know? Please include any information we might need to know to keep our workers safe.** | | |
| **Please Return this form to**  Advocacy Service  Disability Sheffield  The Circle  33 Rockingham Lane  Sheffield  S1 4EW  Phone: 0114 2536750  [Advocacyreferrals@disabilitysheffield.org.uk](mailto:Advocacyreferrals@disabilitysheffield.org.uk)  ***Please note this is not a secure email; we recommend that you password protect the form if returning in this way.***  This information will be stored in line with our privacy policy and General Data Protection Regulations 2018. | | |