 Please fill out this form with the details of the person who needs advocacy.

**Advocacy Referral Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** | | | | | | |
| **Your name:**  **Date of Birth:**  Like to be known as: | | | | | | |
| **Your contact details** | | | | | | |
| **Phone:** | | | | **Mobile:** | | |
| **Address:** | | | | **Email:** | | |
| **Referrer Details (if different from person needing advocacy)**  Skip to the contact details question if filling this form for yourself. | | | | | | |
| **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 important people that the advocate may need to contact, eg social worker, family members, doctors** | | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| **Tell us about how best to contact you?** (including availability, communication needs, formats, translation needs, message passing, confidentiality issues etc)  **You can tick as many as you want and give more information in the box below.** | | | | | | |
| I have physical access needs | |  | | I would struggle with Zoom or other video technology |  | |
| I need an interpreter  If yes, what language: | |  | | I don’t use the phone |  | |
| I use Makaton | |  | | I use British Sign Language (BSL) |  | |
| I use assistive communications e.g. talking mats | |  | | I prefer information written down |  | |
| I am non verbal | |  | | Other (give info in box below) |  | |
| **Please tell us anything us that would help you access/use our service:** | | | | | | |
| **Tell us briefly about the health and/or social care related issues you would help with, and what support you would like from an advocate:** | | | | | | |
| **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, like any risks to our advocates.** | | | | | | |
| **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. | | | | | | |
| **Diversity Monitoring (please answer these questions with the client’s information only)**  Disability Sheffield are committed to making sure our services are available to everyone who needs them. We use this information to help us make sure we are doing this, and it helps us improve our services where appropriate.  If you are filling out this form for another person, and you don’t know the answer, please select “don’t know” rather than guessing. | | | | | | |
| **Ethnicity:** | | | | | | |
| White (British) | | |  | Asian/Asian British (Indian) | |  |
| White (Irish) | | |  | Asian/Asian British (Pakistani) | |  |
| White (Other) | | |  | Asian/Asian British (Other) | |  |
| Black/Black British (African) | | |  | Mixed: White/Black African | |  |
| Black/Black British (Caribbean) | | |  | Mixed: White/Black Caribbean | |  |
| Black/Black British (Other) | | |  | Mixed: White/Asian | |  |
| Chinese | | |  | Mixed: Other | |  |
| Asian/Asian British (Bangladeshi) | | |  | Other Ethnic Group: | | |
| Don’t know | | |  | Prefer not to say | |  |
| **Religion:** | | | | | | |
| No religion | | |  | Jewish | |  |
| Buddhist | | |  | Muslim | |  |
| Christian | | |  | Sikh | |  |
| Hindu | | |  | Other: | | |
| Don’t know | | |  | Prefer not to say | |  |
| **Gender:** | | | | **Is this different from gender assigned at birth?** | | |
| Male | | |  | Yes | |  |
| Female | | |  |
| Non-binary | | |  | No | |  |
| Other | | |  |
| Don’t know | | |  | Don’t know | |  |
| Prefer not to say | | |  | Prefer not to say | |  |
| Preferred pronouns? *(e.g. he/his, she/her, they/them)* Please list: | | | | | | |
| **Sexuality:** | | | | | | |
| Heterosexual/straight | | |  | Bisexual | |  |
| Gay man | | |  | Gay women/lesbian | |  |
| Other | | |  | Don’t know | |  |
| Prefer to self-describe: | | | | Prefer not to say | |  |
| **Disability**:  As a user led organisation, Disability Sheffield has been hesitant to include this on our forms. However, it is important to us to be sure we are accessible for everyone. Taking this information helps us to focus on relevant training for our team, develop our service, identify gaps in support and make sure we are as accessible as possible. There is an option to choose “prefer not to say”, which is perfectly understandable to us. Not every disability is listed here so if you would like to, please do enter anything else in “Other” to inform our service better. We are a pan disability organisation and whatever you put does not affect whether or not you get support. You can tick more than one box if appropriate. | | | | | | |
| Physical Impairment | | |  | Mental health | |  |
| Acquired Brain Injury | | |  | Autism | |  |
| Dementia | | |  | Learning Disability | |  |
| Sensory impairment | | |  | Other: | | |
| Long term health condition | | |  |
| Don’t know | | |  | Prefer not to say | |  |