

**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 - BritishWhite - IrishWhite - OtherMixed Race - White & Black CaribbeanMixed Race - White & Black AfricanMixed Race - White & AsianMixed Race - OtherAsian or Asian British – IndianAsian or Asian British - PakistaniAsian or Asian British - BangladeshiAsian or Asian British - ChineseAsian or Asian British - OtherBlack or Black British - CaribbeanBlack or Black British - AfricanBlack or Black British - OtherClient declined to sayOther - Please Specify: |
| **Referrer Details (if different from client)** |
| **Name:**  | **Address:** **Email:**  |
| **Phone:**  | **Relationship to client**:  |
| **Is the client aware of this referral?** Yes / NoOr 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 ServiceDisability SheffieldThe Circle33 Rockingham LaneSheffieldS1 4EWPhone: 0114 2536750Advocacyreferrals@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. |