|  |
| --- |
| **Date of referral** |
| (dd/MM/yyyy) |

**REFERRAL SERVICES  
General/Community Advocacy Service Referral Form**If you are making a referral for someone else, **you must have their permission** or we cannot accept your referral.

|  |  |  |
| --- | --- | --- |
| **1. Self-referral** | | |
|  | **Yes** | **No** |

|  |
| --- |
| **2. Has the client given permission for this referral to be made?** |
| **Yes**  **No**  **We can only accept referrals if the client has consented.** |

**Client Details**

|  |
| --- |
| **3. First Name** |
|  |

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| --- |
| **4. Surname** |
|  |

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| --- |
| **5. Full address and postcode** |
| **Postcode** |

|  |
| --- |
| **6. Email address** |
|  |

|  |  |
| --- | --- |
| **7. Mobile number** | **8. Phone number** |
|  |  |

|  |
| --- |
| **9. Date of birth (DD/MM/YYYY)** |
|  |

|  |  |
| --- | --- |
| **10. Deafness** | |
| Acquired hearing loss | Hard-of-hearing |
| deaf | Deaf and sight loss |
| Deaf (BSL Signer) | Deafblind (BSL) |

|  |  |
| --- | --- |
| **11. Preferred form of contact** | |
| Video call | Telephone |
| Text message | Letter |
| Email |  |

|  |  |
| --- | --- |
| **12. Preferred communication (Please tick all that apply)** | |
| BSL | Speech |
| SSE | Deafblind manual/box sign |
| Lipreading | Picture/Symbol |
| Other (Please specify) | |

|  |  |
| --- | --- |
| **13. First/preferred language** | |
| BSL | English |
| Other (Please specify) | |

|  |
| --- |
| **14. Other access needs** |
|  |

|  |  |
| --- | --- |
| **15. Other disabilities or conditions (Please tick all apply)** | |
| Acquired brain injury | Neurological conditions |
| Autistic spectrum | Physical disability |
| Dementia | Sensory disability |
| Learning disability | Speech disability |
| Long term condition | Stroke |
| Hearing disability | Vision disability |
| Mental health |  |
| Other (Please specify) | |

|  |
| --- |
| **16. Reason for referral/Advocacy Issue** |
|  |

|  |
| --- |
| **19. Are there any risks that we need to be aware of?** |
|  |

**Referrer Details (if not self-referral)**

|  |
| --- |
|  |
| **17. Name of organisation/agency:** |
| **Referrer Name:** |
| **Relationship to client:** |
| **Full address and postcode:**    **Postcode** |
| **Email address:** |
| **Mobile contact:** |
| **Landline number:** |

|  |  |
| --- | --- |
| **Signature required** | |
| **Referral name:** | **Date:** |
| **Referrer name:** | **Date:** |

**By signing this form, you consent to the processing of personal data in accordance   
with our GDPR-compliant Privacy Policy.**

**About Me - Diversity Monitoring**

We want to make sure that our services are reaching fairly who need them. Giving us the information below will help us to improve what we offer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | | | | |
| **Female** | | **Gender Queer** | | |
| **Male** | | **Non binary** | | |
| **Intersex** | | **Prefer not to say** | | |
| **Transgender** | | | | |
| **Yes** | | **No** | | |
| **Prefer not to say** | | | | |
| **Sexual Orientation** | | | | |
| **Heterosexual (Straight)** | | **Bisexual (Both)** | | |
| **Gay** | | **Asexual** | | |
| **Lesbian** | | **Pansexual** | | |
| **Queer** | | **Other** | | |
| **Relationship status** | | | | |
| **Civil Partnership** | | **Married** | | |
| **Cohabiting** | | **Separated** | | |
| **Divorced** | | **Single** | | |
| **In relationship but not cohabiting** | | **Widow** | | |
| **Religion** | | | | |
| **No religion** | | **Jewish** | | |
| **Buddhist** | | **Muslim** | | |
| **Christian** | | **Sikh** | | |
| **Hindu** | | **Prefer not to say** | | |
| **Other (Please specify)** | |  | | |
| **Ethnicity** | | | | |
| **Asian or Asian British** | | | | |
| Indian | Pakistani | Bangladeshi | | Chinese |
| Other |  |  | |  |
| **Black / African / Caribbean / British Black** | | | | |
| African | Caribbean | Other | |  |
| **Mixed / Multiple Ethnic Background** | | | | |
| White and Black Caribbean | White and Black African | White and Asian | | Other |
| **White** | | | | |
| Welsh / English / Scottish / Northern Irish / British | | Irish | | Gypsy or Irish Traveller |
| Eastern European | Roma | Other | |  |
| **Age group** | | | | |
| **Under 25** | | | **56-65** | |
| **26-35** | | | **66-75** | |
| **36-45** | | | **Over 75** | |
| **46-55** | | |  | |