|  |
| --- |
| **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.

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

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| **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)** |
|  |

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

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| --- |
| **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)       |

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

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

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| --- |
| **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)       |

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

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| --- |
| **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** [ ]  |  |