

Advocacy In Greenwich

Independent Advocacy Referral Form

Advocacy in Greenwich work with people with a learning disability in the Greenwich area. We can offer one to one advocacy, self-advocacy groups, training, and volunteering opportunities.

We can support you...

- Have a say about your life.
- Make the choices and changes that you want.
- Work with you in lots of different ways in a way that is right for you.

I want to find out more about:

One to One Advocacy

People's Parliament

Transitions (Young People's) Project

Employment Ambassadors

Health Ambassadors

Quality Checkers

Training

Volunteering

I want to know about Advocacy in Greenwich because...

Section 1:

Are you filling in this form for yourself (or a friend or family)?

Yes No (If No please go to section 2)

Details of the person who is being referred:

Name _____

Address _____

Postcode _____

Phone Number _____

Where did you hear about us? _____

Please tick boxes below:

I am: Male Female other

I would describe my ethnic origin as:

| | |
|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Bangladeshi/Bangladeshi British |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Chinese/Chinese British |
| <input type="checkbox"/> Gypsy or Irish traveller | <input type="checkbox"/> Nepalese/Nepalese British |
| <input type="checkbox"/> White other | <input type="checkbox"/> Black British |
| <input type="checkbox"/> Mixed/Multi ethnic background (please list) | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Indian/Indian British | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Pakistani/Pakistani British | <input type="checkbox"/> Refused |
| | <input type="checkbox"/> Other (please list) |

Languages I like to use _____

My date of birth is _____

If you have filled this form on behalf of the above individual, please provide us with the following information:

Name _____

Email/Phone Number _____

Section 2:

Professional

If you are a professional, please see below:

Independent Advocacy – Referrer Information

| | | | |
|--------------------------|--|-------------------|--|
| Referrer Name: | | Email: | |
| Team: | | Phone No: | |
| Date of referral: | | Mobile No: | |

Why do you want to know about this service?

Where did you hear about Advocacy in Greenwich?

Independent Advocacy – Person Information

| | | |
|---|--|--|
| 1. Name: | | |
| 2. DOB: | | |
| 3. Address: | | |
| 4. Residential Status: | <input type="checkbox"/> Residential Care <input type="checkbox"/> Sheltered Housing <input type="checkbox"/> Council | <input type="checkbox"/> Private Rented <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Housing Association |
| 5. Phone No(s): | (Home) | (Mobile) |
| 6. Primary Group: Please tick appropriate box | <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Mental Health <input type="checkbox"/> Dementia <input type="checkbox"/> Physical disability <input type="checkbox"/> Autism | <input type="checkbox"/> Substance misuse <input type="checkbox"/> Carer <input type="checkbox"/> People with HIV/Aids <input type="checkbox"/> Other (please state) |
| 7. Ethnicity | <input type="checkbox"/> White British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish traveller <input type="checkbox"/> White other | <input type="checkbox"/> Bangladeshi/Bangladeshi British <input type="checkbox"/> Chinese/Chinese British <input type="checkbox"/> Nepalese/Nepalese British <input type="checkbox"/> Black British <input type="checkbox"/> Black African |

| | | |
|---|--|--|
| | <input type="checkbox"/> Mixed/Multi ethnic background (please list) <input type="checkbox"/> Indian/Indian British <input type="checkbox"/> Pakistani/Pakistani British | <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Refused <input type="checkbox"/> Other (please list) |
| 8. Lives: | <input type="checkbox"/> Alone <input type="checkbox"/> With family/friends | <input type="checkbox"/> Other |
| 9. Communication needs: | | |
| 10. Judging Substantial Difficulty | Please tick below if statement is correct | Please describe rationale below |
| a) Substantial difficulty understanding relevant information | | |
| b) Unable to retain information for long enough to be able to weigh up options | | |
| c) Cannot weigh up information to express preferences | | |
| d) Cannot communicate their views, wishes and feelings | | |
| 11. Is there an appropriate individual? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|--|--|
| 12. What involvement is required? | <input type="checkbox"/> First Assessment <input type="checkbox"/> Safeguarding investigation | <input type="checkbox"/> Review <input type="checkbox"/> Carers Assessment <input type="checkbox"/> Other Please clarify: |
| 13. Has the person agreed to referral? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Any other organisations involved? | <input type="checkbox"/> Yes (please specify) | <input type="checkbox"/> No |

15. Overview of case/points of note:

Registered Charity No. 1009787

Advocacy in Greenwich

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