**Lewisham Speaking Up**

**Community 1-2-1 Advocacy Referral Form**

An Advocate can help you with speaking up and getting the right support.

**Please complete all the pages of this form.**

**Date of Referral:**



|  |  |
| --- | --- |
|  | **Details of person being referred** |
| **Learning disability or autism** | Does the person being referred have:A learning disability: Yes [ ]  No [ ] Autism: Yes [ ]  No [ ]  |
| **Name of person being referred** |  |
| **Who is filling in this form?** (please tick) |

|  |  |  |
| --- | --- | --- |
| [ ] Myself  | [ ] Myself with support  | [ ] Lewisham Speaking Up  |
| [ ] Other (please say who):  |

 |
| **Address of person who needs advocacy** | **Postcode:**  |
| **Telephone number/s** |  |
| **Email** |  |
| **Date of birth** |  |

|  |  |
| --- | --- |
| **Your disability** |  |
| **Any health issues?** |  |
| **Social Worker + contact details**(if any) |  |
| **Name of housing provider** |  |

|  |
| --- |
| **Participant Monitoring Information** To help us with our monitoring and reporting please tell us the following information. This information will be kept private at all times. |

1. **Disability**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to be disabled? | Yes [ ]  | No [ ]  |
| If you want to, please say what disability |  |

2. **Ethnicity**: Please tick or say if you tick ‘other’

|  |  |  |
| --- | --- | --- |
| Arab | Arab | [ ]  |
| Asian/Asian British | Bangladeshi  | [ ]  |
| Chinese | [ ]  |
| Indian | [ ]  |
| Pakistani | [ ]  |
| Any other Asian background | [ ]  |
| Black/Black British | African | [ ]  |
| Caribbean | [ ]  |
| Any other Black background | [ ]  |
| Mixed Ethnic  | Any mixed background | [ ]  |
| White | British | [ ]  |
| Irish | [ ]  |
| Gypsy or Irish Traveller or Roma | [ ]  |
| Any other White background | [ ]  |
| Other | Any other ethnic background | [ ]  |

3. **Religion or belief**: please tick or say if you tick ‘other religion’

|  |  |
| --- | --- |
| No religion | [ ]  |
| Buddhist  | [ ]  |
| Christian | [ ]  |
| Hindu | [ ]  |
| Jewish | [ ]  |
| Muslim | [ ]  |
| Sikh | [ ]  |
| Other religion | [ ]  |

4. **Sexual orientation**

|  |  |
| --- | --- |
| Bisexual | [ ]  |
| Gay | [ ]  |
| Heterosexual | [ ]  |
| Lesbian | [ ]  |
| Prefer not to say | [ ]  |

5. **Gender**

|  |  |
| --- | --- |
| Female | [ ]  |
| Male | [ ]  |
| Transgender | [ ]  |
| Gender Neutral or Fluid | [ ]  |
| Prefer not to say | [ ]  |

|  |  |
| --- | --- |
| Social_Worker-3 | **Details of the Referrer** A referral can be made by anybody who knows the person, i.e. Social Worker, Key Worker, Support Worker, Parent, Carer, Friend, Neighbour. |
| **Name** |  |
| **Job title or relationship** |  |
| **Organisation** (if applicable) |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Risks** (please state any risks we should be aware of when supporting with person) |  |
| **Does the person receive a support service from London Borough of Lewisham?**(i.e. supported living, outreach service) |  |
| **Person’s communication** (how does the person communicate?) |  |
| **How did you hear about our service?** |  |
| **Reason(s) for referral**  | 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

|  |  |
| --- | --- |
| **What changes need to happen*** What do you want to happen?
* What change are you looking for?
 |  |
| **More information**(i.e. person’s day activities, living arrangements – with family, supported living, independently) |   |

|  |  |
| --- | --- |
| **Is person aware of the referral?** (If no, please say why not) |  Yes [ ]  No [ ]  |
| **Person’s****Signature** |  |
| **Referrer Signature** |  |
| **Date** |  |

**Please return this form to us:**

|  |  |  |
| --- | --- | --- |
| **Envelope_writeBy post:** 1-2-1 AdvocacyLewisham Speaking UpThe Leemore Centre29-39 Clarendon RiseLondon SE13 5ESEnvelope_write |  | **Email:** referrals@lsup.org.uk |