**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 Advocacy  Lewisham Speaking Up  The Leemore Centre  29-39 Clarendon Rise  London SE13 5ES  Envelope_write |  | **Email:**  [referrals@lsup.org.uk](mailto:referrals@lsup.org.uk) |