**Generic Advocacy Referral Form – Somerset residents**

**SWAN supports clients in need of generic advocacy, who are aged over 18 years and resident in Somerset.**

**Self-Referral Only**

|  |  |
| --- | --- |
| **Your Details** | |
| First Name:  Surname:  I like to be known as: | Date of Birth Day/Month/Year: |
| Home address:  Postcode:  Contact no: | |
| Email Address: | |
| **How would you like us to contact you?** | |
| **How would you like us to help you with your communication difficulties?** | |
| **Where is the best place to meet you?** | |
| **What is the main problem you would like to explore with an advocate?** | |
| **Are there any deadlines or important meeting dates we should be aware of?** | |
| **CONSENT**  **Due to the Data Protection Act 1998, we will require signed authorisation from you.** By requesting advocacy support, you give consent to SWAN sharing information where necessary for the purpose of providing this service.  NB If an electronic signature isn’t used, the return of this form is a presumption of a signature. | |
| **Signed:**  **Date:** Day/Month/Year | |

Please send this form via:

Email: **Somerset@swanadvocacy.org.uk**

Post: **SWAN (Referrals), Hi-Point, Thomas St, Taunton, Somerset, TA2 6HB**

Telephone: **03333 447928**

**We will let you know when we have your form.**

**Please could you provide the following information. We use this to show our funders we help everyone who needs us.**

**This information is used for data collection only and personal detail will no be shared.**

**Please tick as appropriate**

|  |  |
| --- | --- |
| **Client’s Ethnic Origin** | |
| White British |  |
| Any other white background |  |
| Black/African/Caribbean |  |
| Mixed and Multiple ethnic groups |  |
| Asian |  |
| Other ethnic group |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Client’s Religion of Belief** | |
| Bahi |  |
| Buddhism |  |
| Christianity |  |
| Hinduism |  |
| Humanism |  |
| Islam |  |
| Judaism |  |
| Paganism |  |
| Sikhism |  |
| Other |  |
| Prefer not to say |  |
| No asked |  |

|  |  |
| --- | --- |
| **Gender** | |
| **Do you identify:** | |
| As a man |  |
| As a woman |  |
| As Non-binary |  |
| In some other way |  |
| Prefer not to say |  |
| **Does your gender identity match completely with the gender you were assigned at birth?** | |
| Yes |  |
| No |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Sexual Orientation:** | |
| Bisexual |  |
| Gay |  |
| Heterosexual |  |
| Lesbian |  |
| Other |  |
| Prefer not to say |  |

|  |  |  |
| --- | --- | --- |
| **Carers** | | |
| Do you provide care for anyone (e.g. a parent, child, other relative, an elderly person, friend or neighbour) who has a form of disability (sensory loss, physical disability, learning disability, mental health problem) or long-term illness? | Yes |  |
| No |  |
| Prefer not to say |  |