**Advocacy Agreement**

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| **Client:** | **Advocate:** | **Co-ordinator:** |
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| Do you need a translator or information in a different language? | [ ]  **Yes** [ ]  **No** |

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| **Client Checklist:** |  | **Client Information:** |
| Advocacy explained? |[ ]   | Leaflet? |[ ]
| Agreement action explained? |[ ]   | Toolkit? |[ ]
| Confidentiality policy explained? |[ ]   | Large print and/or easy read? |[ ]
| Complaints procedure explained? |[ ]   | Consent form completed? |[ ]
| Data protection and recording personal information explained? |[ ]   |  |  |

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| How did you hear about the Advocacy Service? |
| Why do you need the help of an Advocate? |
| What would like the outcome to be? |

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| Client’s Signature: |  |
| Advocate’s Name: |  |
| Line Managers Name: |  |
| Agreement Date: |  | 1st Review Date: |  |