**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: |  |