



Advocates: Sylvia Dobinson and Linda Crooke
Make an appointment Tuesday to Thursdays please email: BDS.advocate@gmail.com

Referral Form (in English)

Date:	Gender: M / F	Date of Birth:
Name:		
Address:		
Post Code	Form Completed BY:	

G.P. Details:	Address:	Tel No.
		Fax No.
How Did You hear about our Advocacy Service?		

Clients Telephone Number:
Mobile Number:
Email address:
Text Message only? YES / NO
I am hard of hearing you can telephone me YES / NO

Service required: (Tick Service)
Advocacy Volunteering Equipment Audiology Social Groups Training Job Club

Action Carried out by Staff / Volunteers:
Appointment Given Y / N Information Given Y / N Sign Posted Y / N Dealt With Y / N
By whom initial underneath when answer yes?

IF ADVOCACY PASS TO ADVOCATES LINDA or SYLVIA (If client drops in Linda or Sylvia gives appointment)

ANYTHING ELSE GIVE TO ALISON PLEASE

Assessment Date: (Advocacy only)			
Day:	Date:	Time:	Venue:

Completed by Advocates Only

Client Name _____ No. _____ Agreement Details & Documents _____

- | | | |
|----|--|--------------------------|
| 1. | The Network Circle For Deafness Confidentiality Policy explained | <input type="checkbox"/> |
| 2. | The principles of advocacy explained | <input type="checkbox"/> |
| 3. | Complaints procedure explained | <input type="checkbox"/> |
| 4. | Explanation of data protection | <input type="checkbox"/> |
| 5. | Explanation of recording personal information | <input type="checkbox"/> |
| 6. | Confidentiality policy must be provided to the client if requested | <input type="checkbox"/> |

Advocate _____ Date _____ Signature of advocate _____

_____ Date _____ Signature of client _____

Agreement Action

Summary (Main Issues(s))

Completed by Advocates Only)

Client Name
Date/Documents

No.

Agreement

Agreed Goal (Action required by when and by whom)

CONSENT

I give permission for Network Circle For Deafness advocacy service to:

- 1. Speak on my behalf
- 2. Discuss the case without me present
- 3. Request information on my behalf
- 4. To conduct the above action

Date:	
Client signature:	Advocates Signature
Print Name:	