 Learning Disability Specialist Advocacy Referral Form

Please complete the form below giving as much detail as possible so we can make contact quickly. You can email your referral securely to advocacy@elfrida.com and one of the team will respond to you within 48 hours.

|  |  |
| --- | --- |
| **Referrer’s details** |  |
| **Name** |  |
| **Contact telephone number** |  |
| **Contact email** |  |
| **Relationship to client** |  |
| **Name of organisation or council** |  |
| **Line manager approving referral, if making a spot purchase referral** |  |
| **What is the reason for this referral?** |  |
| **What is the next step for this client?** |  |
| **Is this person known to Social Services?** |  |
| **Are there any risks attached to working with this person?** |  |

|  |  |
| --- | --- |
| Client’s details |  |
| Name |  |
| Date of birth |  |
| Ethnicity |  |
| Contact telephone number |  |
| Email address |  |
| Client’s home address  |  |
| Type of accommodation (supported housing, family home, live independently.) |  |

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|  |  |
| --- | --- |
| Client’s communication needs |  |
| Can the client communicate verbally? |  |
| Can the client read and write independently? |  |
| Does the client require easy read information? |  |
| Does the client require large print, braille or other visual adaptations? |  |
| Does the client require prompts and reminders? |  |
| What is the client’s preferred communication method? |  |
| Does the client have a sensory impairment? |  |
| Does the client have a physical disability? |  |
| Does the client have any known triggers to be aware of?  |  |

The Elfrida Society complies with current General Data Protection Regulations or GDPR. This enables us to use personal data to provide people with services requested from us, or to meet a legal obligation placed on us. Easy read information is available on request. Please contact us if you would like a copy of our Data Security and Data Retention Policy and Procedure.

Please confirm you have discussed data permission with the individual you are referring.

* I have discussed permission for The Elfrida Society to use the individual’s

 personal data to record, progress and evaluate the referral.

* The named client has agreed to share their information with The Elfrida Society.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_