

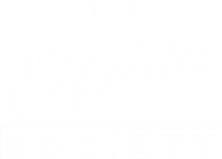
Learning Disability Specialist Advocacy Referral Form

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](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_