This referral form is for the Turn to Us project. You can complete this form on your own behalf (self-referral) or on behalf of someone else. Parts 1 and 2 **must** be completed as a minimum. Then depending on the support required please complete other relevant parts. Incomplete forms may result in delays in allocation to the chosen support.

Email referrals to [turntous@advonet.org.uk](mailto:office@advonet.org.uk).

**Part 1: Type of Required**

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| **Support Required** | Choose an item. | | |
| How did you hear about this service? | Choose an item. | Date of referral | Click or tap to enter a date. |

**Part 2: Referral Information**

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| 1. **Relevant Person’s Details:** (this is the person who needs support) | | | | | | | | | |
| Name | | | Click or tap here to enter text. | | | | | | |
| Home (usual) Address | | | Click or tap here to enter text. | | | | | | |
| Current Address or Location | | | Click or tap here to enter text. | | | | | | |
| Preferred contact method | | | Choose an item. | | | | | Click or tap here to enter text. | |
| Contact number | | Click or tap here to enter text. | | Can we leave a message? | | | | | Choose an item. |
|  | | | | | | | | | |
| Date of Birth | Click or tap to enter a date. | | | | Gender | Choose an item. | | | |
| Ethnicity | Choose an item. | | | | | | | | |
| Religion | Choose an item. | | | | Sexuality | Choose an item. | | | |
| Consent to make a referral for support. | | | | | Choose an item. | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| 1. **Reason for advocacy referral**? (Please include a summary of the support require e.g. Peer support, training, issue/decision being made, upcoming meeting dates, deadlines, priority areas etc) | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| 1. **Referrer Details:** | | | | | | | | | |
| Name | Click or tap here to enter text. | | | | Job Title | | Click or tap here to enter text. | | |
| Employer | Choose an item. | | | | | | | | |
| Secure email | Click or tap here to enter text. | | | | Tel No: | | Click or tap here to enter text. | | |
| Place of work (inc address): | | | Click or tap here to enter text. | | | | | | |

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| 1. **Friends and/or family:** (Is there an appropriate person to support the person’s involvement?) | | |
| Is there anyone (e.g. friend/relative) who you are consulting with? | | Choose an item. |
| What is their relationship to the person requiring advocacy | | Click or tap here to enter text. |
| What are their contact details? | Click or tap here to enter text. | |
| Are there any current **Risk Issues** we need to be aware of? | | Choose an item. |
| Click or tap here to enter text. | | |

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| 1. **Other relevant information about the person requiring support.** | |
| Any support needs? | Choose an item. |
| Other support needs? | Choose an item. |
| Is the person a carer? | Choose an item. |
| How does the person communicate? | Choose an item. |
| What is the person’s first language? | Click or tap here to enter text. |
| Other relevant information? | Click or tap here to enter text. |

## Glossary of Terms

*Non-binary* refers to individuals who don’t see themselves as either male or female. Individuals identifying as non-binary may ask you to use gender neutral pronouns such as they/their rather than he/she. Please do not ask non-binary individuals the sex or gender assigned to them at birth as this is irrelevant.

*Trans* male/female refers to individuals who are transitioning to the gender they identify with.

*Pansexual* refers to individuals who are romantically, emotionally, sexually attracted to people regardless of their sex and gender identity.