A Voice for You
Making sure people with a learning disability
in Montgomeryshire are included and valued

Plas Dolerw, Milford Road, Newtown, Powys SY16 2EH
Tel : 01686 629951
e.mail : avoice.foryou@yahoo.com

ADVOCACY SERVICES REQUEST FORM

Please fill in this form if you would like an advocacy service. Somebody can help you fill in the form if you wish.

We will keep all the details you give us below confidential and safe and will only use it to help us provide an advocacy service for you. Please let us know of any changes e.g. if you move house or if you want to withdraw your referral.

Personal information

Your name :

Address and Postcode :

Telephone number

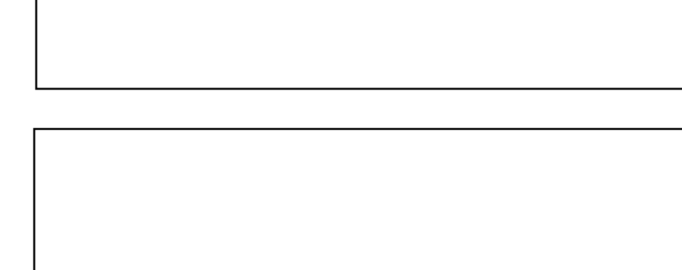
Mobile phone number

Email address

Date of birth

Important people in your life

Any problems Walking?



Likes

Don't like

What do you do during the week?

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Which of these things would you like help with? (Please tick)

	Yes	Not sure	No
Telling people what you want			
Talking about things that worry you			
Making your mind up about things			
Going out into the community			
Meeting new people			
Getting ready for your Care Plan Review			
Going with you to meetings			
Helping you with letters or forms			

How do you think an advocate could help you?

Todays date

Sign your name

If someone has helped you fill in this form please ask them to give the details below:

Name	
Phone number(s)	
Relationship to person making referral	
Does the person have family support?	
If so, are they aware of referral?	
Does the person have care support?	
Does the person have a care manager ? If so, who?	
Why do you think the person needs an advocate?	
Signature	
Date	