**Please complete and return to:** Signal Advocacy, 5 Henry Close, Battlefield Enterprise Park, Shrewsbury, SY1 3TJ or email [advocacy@signal.org.uk](mailto:advocacy@signal.org.uk) please mark post CONFIDENTAIL

**If you have any questions or would like any help completing the form please contact us on 01743 358356, text or FaceTime 07479 224 707 or email advocacy@signal.org.uk**

**About you, the person being referred to Signal**

Name: …………………………………………….….……..

Address: ………………………………………..……………

………………………………………………………..…...…..

Are you a BSL user? (please circle) **YES**  **NO**

Text / phone Number: ………..…………………………….

Email: ……………..…………………………………………

How do you want us to contact you? Please tick

|  |  |
| --- | --- |
| Facetime |  |
| Text |  |
| Email |  |
| Phone call |  |

How did you find out about Signal Advocacy?

.………………………........................................................

**Reason you are contacting us**

Can you tell us a little bit about the reason here?

If you are making a referral for someone else please leave your details:

Name: ………………………………………………………...

Contact details (email or phone): ………………...…..…...

Organisation: ………………………………………..………

Relationship (if any): ………..……………………………...

Does the person know you are contacting us? (please circle)

**YES NO**

**CONSENT TO REFERRAL**

We need signatures to show that people understand and agree to this referral. Also that you agree to Signal Advocacy holding personal information about you.

If the person being referred is not able to understand these things, the referrer must sign to say that they are providing this information in the person’s best interests.

**Consent from the person being referred** (leave blank if the person is unable to consent)

You will be required to give consent about the information we hold about you on our first meeting with you via our consent form before we can act on this referral. If you do NOT give signed consent, we will NOT be able to work with you.

Signed .………………………….. Date …………………..

**Consent from the referrer (leave blank if self-referral)**

I would like Signal Advocacy to do this work. They can keep and put on file information about me. This information is to be kept confidential unless I agree for it to be shared.

If the client has not signed the self-referral above, I am providing this information in the person’s best interests and agree to information about them being stored by Signal Advocacy.

Signed .………………………….. Date …………………..

**Referred Person’s Monitoring Information**

Are you? (please tick)

|  |  |
| --- | --- |
| Man |  |
| Woman |  |
| Prefer not to say |  |

**Where do you live? (example, who sends your council tax bill)**

|  |  |
| --- | --- |
| Shropshire |  |
| Telford and Wrekin |  |
| Outside of Shropshire |  |

**Age group**

|  |  |
| --- | --- |
| 18 - 29 |  |
| 30 – 49 |  |
| 50 – 64 |  |
| 65 + |  |

**Family background**

|  |  |
| --- | --- |
| White |  |
| Black |  |
| Mixed |  |
| Other |  |
| Prefer not to say |  |

**Do you have a disability? Please write below**

**…………………………………………………………………**