



## ADVOCACY INTO ACTION

Independent Advocacy for People with Learning Disabilities

In Falkirk & Clackmannanshire

27 West Bridge Street, Falkirk, FK1 5RJ

### REFERRAL FORM

This part of the form is about the person who needs advocacy

<b>Name:</b> <b>D.O.B:</b> <b>Address:</b> <b>Tel</b>	<b>Other Addresses:</b>
<b>School Details:</b>	<b>Main carer details:</b>

Can the person be contacted?

If NO who is best point of contact?.

Where would be most appropriate to have an initial visit?

Does this person have a learning disability?

Does this person have special communication needs?

If yes please give details

Do any of the following apply?

- Mental Health Problem
- Compulsory Treatment Order
- Guardianship
- Appointeeship

## Child Protection

Funding Authority, if known e.g. Falkirk, Clackmannanshire, Stirling etc.  
Clackmannanshire

This part of the form is about the person making the referral

Name	Address	Date
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Tel. No

How did you find out about our service?

Brief Details of Why Advocacy may be required

Please indicate if you know of any reason why this person should not be visited at home or interviewed alone.

**Under the Data Protection Act 1998 Advocacy into Action is required to record information and you should be aware of this.**