Your life. Your choice. Your voice.

sam Swindon Advocacy Movement

Project Boost **Referral Form**

Name	
Date of Birth 	
Address 	
Phone Number 	
Email 	
Ethnicity	
Do you have a learning disability?	Please tick YES NO
Support 	Who supports you? Are there any support needs you want to tell us about?
What do you want to do? 	

Emergency contact name and number	
Are you taking any medication? 	
Do you have any allergies or dietary requirements? 	
Sign & date 	
Your life. Your choice. Your voice. sam Swindon Advocacy Movement 	**Drop off or post the form in to the SAM House** **1 Regent Circus** **Swindon** **SNI 1PN** Or email secure@swindonadvocacy.co.uk

Staff use	Building social networks & relationships	Independence Skills	Employment & volunteering

***If you are referring somebody please provide your details below**

Name		
Agency & Position		
Telephone Number		
E-mail:		
Best way to contact the client		
Does the person know and agreed to this referral being made	Yes	No

Here at SAM we take your privacy seriously and will only use your personal information to provide you with independent advocacy in accordance with the General Data Protection Regulations.

All information provided on the referral form and in any further dealings with Swindon Advocacy Movement will be treated as confidential and will not be disclosed to any third party without your express consent. Please see our Privacy Notice on request or on our website.