



ADVOCACY REFERRAL FORM

OFFICIAL USE ONLY	
Date Entered:	
ID Number:	
Entered By:	

PLEASE USE 1 FORM PER PERSON
ENSURE YOU ENTER CORRECT CONTACT DETAILS

Date Of Referral: _____

Referred By: Self-Referred External Party

SECTION A – DETAILS OF PERSON BEING REFERRED

Full Name:			
Street Address:			
Contact Number:			
Date of Birth:	Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Other
Disability/Disabilities: PLEASE DO NOT LIST YOUR MEDICAL OR HEALTH CONDITIONS			
Cultural Background			
Current Living Situation	<input type="checkbox"/> Own	<input type="checkbox"/> Private Rental	<input type="checkbox"/> Public Housing <input type="checkbox"/> Homeless
Is there a Public Guardian Appointed? <i>If a Public Guardian is in place for service provision, we are unable to provide advocacy without their consent.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Power of Attorney or Enduring Power of Attorney?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Public Trust appointed for financial management?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B – DETAILS OF EXTERNAL PARTY MAKING REFERRAL

Your Name / Organisation's name:		
Your relationship with the person:		
Your Contact Number:		
Does the person know and understand and consent to you making this referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERRAL PROCESS

Once your referral is received, you will be contacted for an Intake Assessment in relation to your Spectrum of Vulnerability (SoV) under the National Disability Advocacy Program and your particular advocacy issue. All referrals are discussed at Review Meetings and prioritised based on their SoV.

If Independent Advocacy Townsville cannot assist you, we may refer you to an alternative service and/or organisation.

SECTION C – ADVOCACY DETAILS

Please give a brief over view of why you or this person requires advocacy.

Signature of person being referred

_____ Date: _____