

# Lomond & Argyll Advocacy Service

## Get in Touch

### Part 1—About you

#### Your Details:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

E-MAIL \_\_\_\_\_ Telephone \_\_\_\_\_

#### Age Range:

16—24

25—40

41—64

65+

#### Client Group:

Learning Disability

Mental Health

Older People

Long Term Conditions

Other

NEW TO LAAS?  or HAVE YOU WORKED WITH US BEFORE?

### Part 2—What would you like an advocate to support you to speak up about?

#### Data Protection Act: Client Consent

In order for us to help you with your enquiry we may need to record some details of your case. These details may contain your personal details and sensitive information.

Any records will be stored securely and will not be shared with anyone outwith Lomond & Argyll Advocacy Service without your permission.

You have the right to withdraw consent to store your personal details at anytime on request.

I give my consent for LAAS to record my personal details.  Yes