

Get in Touch

**Lomond & Argyll
Advocacy Service**



Your Details

| | | |
|-----------|--|--------------------------|
| Name | | Preferred contact |
| Address | | <input type="checkbox"/> |
| Postcode | | |
| Telephone | | <input type="checkbox"/> |
| Email | | <input type="checkbox"/> |

If you are referring someone to our Service please leave your details below:

| | |
|------------------------------------|------------------------------|
| Name: | |
| Organisation / Contact details | |
| Client consent to Advocacy contact | Yes <input type="checkbox"/> |

Part 1—About you (the client)

| Age Range: | Sex: | Client Group: |
|---|---------------------------------|--|
| 16—24 <input type="checkbox"/> | Female <input type="checkbox"/> | Learning Disability <input type="checkbox"/> |
| 25—40 <input type="checkbox"/> | Male <input type="checkbox"/> | Uses Mental Health Services <input type="checkbox"/> |
| 41—64 <input type="checkbox"/> | Gender Identity _____ | Older People <input type="checkbox"/> |
| 65+ <input type="checkbox"/> | Prefer not | Problem Alcohol/Substance Use <input type="checkbox"/> |
| Date of Birth _____ to say <input type="checkbox"/> | | Other <input type="checkbox"/> |
| New to LAAS? <input type="checkbox"/> | or | Have you worked with us before? <input type="checkbox"/> |

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

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Any additional information to be known/shared to the advocate? (e.g. Pets, stairs and significant other information)

Date:

Thank you for taking the time to complete this form. You can now either email it to: admin@laas.org.uk or post to: **LAAS Head Office, 155 Glasgow Road, Dumbarton, G82 1RH**

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.