

CONFIDENTIAL

Initial Partner Referral Form


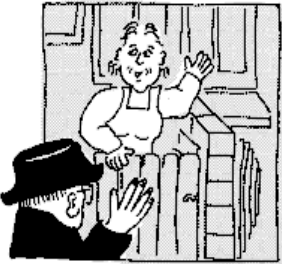





Speaking out for people
with learning disabilities...

Match No:

Office Use Only
PEng No.:
Main Ref No.:
Interviewer:
Date Interviewer
engaged:

Please write, type or print clearly

	This form is intended for the points of view of a person with learning disabilities please answer the questions from their point of view. Please phone if you need help.	Guidance
Your name:		The person being referred
Your usual address:  Postcode: Phone numbers: Fax: Day: Mob: Evening: E-mail:		Your main home
Referrer's name & address:  Postcode: Phone numbers: Day: Evening:		The contact information of the person helping you fill out this form.
Do you have learning disabilities? 		You may have other disabilities as well please let us know.
What is your connection to Leeds? 		Are you living, working, or paid for by Leeds Social Services etc?

What is your date of birth?



Give day, month and year of birth?

What is the best way to communicate with you?



What are the best ways the partner understands things?

What is the problem?



What is the problem that you want advocacy help with?

We will ask next about what you hope to achieve and what type of help is needed.

What help do you have already?



Do others like family, or friends, or Social Services help you? How do they help you?

Signed _____ Date: ____/____/____

Print Name: _____

**Please return the completed form to: Leeds Advocacy, Unit A4,
26 Roundhay Road, Leeds LS7 1AB or fax to (0113) 2440178**