




# Request for an Advocate

*(For office use only)*


Case Number		Date request received	
Allocated to		Date request accepted by Cornwall Advocacy	



**Name**

.....

.....




**Address**

.....


.....

.....




**Phone Number**

.....



**Date of Birth**

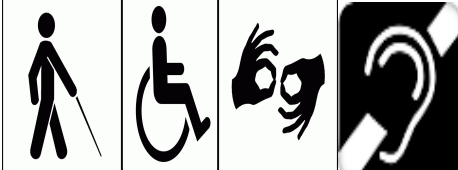
.....



**Male**

**Female**

**(Please tick one) ✓**




**Disability (please give details)**

.....


.....

.....

**The person above has given permission to contact and pass details to Cornwall Advocacy**




**Yes**



**No**

**(Please tick one) ✓**



**If not, why**

.....

.....

.....



# Why do you need an Advocate?

.....

.....

.....

.....

.....

.....

.....

**Print name and address if different (person referring)**



**Name** .....



**Address**

.....

.....

.....



**Phone Number**

.....

**Relationship to person being referred**

.....

**Any preference for Advocate**



**Male**



**Female**

**(Please tick one) ✓**

**Please return your completed form to**



**Cornwall Advocacy  
Woodbine Farm Business  
Centre  
Truro Business Park  
Truro, Cornwall, TR3 6BW**

**If you would like to speak to  
someone about this form.  
Please call**



**01872 242478**