




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

.....

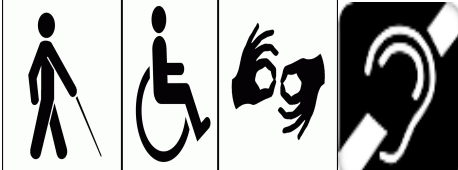


Male



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?

.....

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.....

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

