THE ADVOCACY PROJECT

WELCOME PACK

Welcome to The Advocacy Project

The Advocacy Project is an independent, rights based charity which believes that everyone has the right to take part fully in society.

We will help you to:

- Have your voice heard
- Take control
- Know your rights
- Understand the choices and decisions in your life

Please find enclosed details in relation to the service we provide. If you are unhappy with any aspect of the service, please do not hesitate to get in contact.

Our service is free and confidential

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This pack also includes:

- Project leaflet and contact details.

Our website:

http://www.theadvocacyproject.org.uk/

Our email:

enquiry@theadvocacyproject.org.uk

Ref Code:

Equalities Monitoring Form

The Advocacy Project is committed to the principles of equality and fairness. The information requested below is optional but it would help us to know a little bit more about you. This will help us to ensure that we provide a service that is fair, equal and accessible. The information you provide on this form will remain anonymous.

1. Age group? (Please tick)

16 - 24		45 - 65	
25 - 44		65+	
		Prefer not to say	

2. Are you? (Please tick)

Male		Female	
Non-binary		Prefer not to say	
If you prefer to use your own term, please tell us here:			

A person is considered to have a disability under the Equality Act if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

3. Do you consider yourself disabled? (Please tick)

Yes		No	
		Prefer not to say	

4. Would you consider yourself to have difficulties in any of the following areas? (Please tick all that apply)

Visual		Hearing	
Communication		Cognitive	
Learning		Mobility	
		Prefer not to say	

5. What religion, if any, do you belong to? (Please tick)

Buddhist		Muslim	
Christian		None	
Hindu		Sikh	
Jewish		Prefer not to say	
Another religion, please tell us here:			

6. What is your ethnic group? (Please tick)

White	
1. Scottish	
2. Irish	
3. Other British	
4. White European	
5. Other White Background	
Mixed	
6. Any Mixed Background	
Asian, Asian Scottish or Asian British	
7. Indian	
8. Pakistani	
9. Bangladeshi	
10. Chinese	
11. Any other Asian Background	

Black, Black Scottish or Black British	
12. Caribbean	
13. African	
14. Any other Black Background	
Another ethnic group, please tell us here:	

MANDATE FORM

The Advocacy Project
Cumbrae House
15 Carlton Court
GLASGOW
G5 9JP

Tel: 0141 420 0961
Fax: 0141 420 0960
Text: 0141 420 0989

The Advocacy Project is acting as my representative in this matter and I therefore request that you provide them with the information required and/or send any relevant correspondence to them on my behalf.

Advocates Details:

NAME: ……

SIGNATURE: ……

DATE: ……

Clients Details:

NAME: ……

ADDRESS: ……

……

……

SIGNATURE: ……

DATE: ……

Thank you for your assistance in this matter.

THE ADVOCACY PROJECT

Service Agreement

The Principles of the Project:-

Any person has the right to:

- Be consulted about their needs
- Be involved in decisions which affect their lives
- Be treated in a dignified manner and valued as individuals
- Avoid being segregated by the rest of the community in work, education, recreation or where they live

The Aims of the Project

The Advocacy Project aims to work with individuals to encourage them to:

- Take greater control of decisions which affect their lives
- Express their needs and opinions
- Access the resources and facilities which are available in their community

Implementation

In line with these Principles and Aims, the advocacy worker, in any given situation will:

- Establish the needs and wishes of the service user

- Decide along with the service user the means by which these needs and wishes are to be communicated

- Where appropriate, obtain the written consent of the service user to represent him or her with a signed mandate which is active for the duration of service or until the service users wishes to withdraw.

- Support the service user in whatever manner has been agreed above

I understand the nature of the work of The Advocacy Project and I accept the service offer as described above.

Signed …… Date ……

Signed …… Date ……

Priority Issues	Actions	Desired Outcomes

WHAT DO WE DO WITH YOUR INFORMATION?

Confidentiality

At the Advocacy Project, the information we keep about you is confidential.

Any information is kept securely in a shared file or computer. The Advocacy Project is bound by Data Protection Act 1998 and files are destroyed in accordance with the Act.

Please note: The Advocacy Project will override its commitment to client confidentiality when information is disclosed or the advocate observes that:

- A child may be at risk following information disclosed or behaviour observed.
- An adult may be may be at risk following information disclosed or behaviour observed.

Consent to Share

We will only seek information from you, which is required to provide the necessary support. We will only use information from you or others that is required to provide the necessary support.

We will ask your permission to share information with other relevant agencies on your behalf, and will ask you to sign a consent form.

We will not share your information without your consent, and you are entitled to a copy of or to view any information in your file.

Evaluation

We will ask for your feedback on our service by providing an evaluation form.

If you are unhappy with the service you have received, we will direct you to the organisational complaints procedure.

Equalities

We will ask you to complete an optional Equalities Monitoring Form which will help us to monitor the service we provide to a diverse population.