**Client consent form – why we need your consent**

To enable us to support you, we need written permission from you to

* make contact
* discuss matters
* receive information
* remain in correspondence

with those involved in your affairs and to act on your behalf where necessary.

**If you need help with this form, call us on 0330 440 9000 or Text PEOPLE to 80800**

Communications between you and The Veterans’ Advocacy People are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g.

* you tell us something which leads us to believe you or someone else may be at risk of serious harm or abuse or committing a serious criminal offence
* where there is a court order for disclosure
* where we would be breaking the law by failing to disclose.

By requesting advocacy support, you give consent to The Veterans’ Advocacy People sharing information, as required for the purposes of providing the service.

For more information on our Privacy Policy, please ask your advocate or go to [www.theadvocacypeople.org.uk/privacy](http://www.theadvocacypeople.org.uk/privacy)

**Please give your details**

|  |  |
| --- | --- |
| **Name** |  |

|  |  |
| --- | --- |
| **Address** |  |
|  | |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Home Phone:** | **Mobile:** |

|  |  |
| --- | --- |
| **E-mail:** |  |

|  |  |
| --- | --- |
| **Date of Birth** |  |

|  |
| --- |
| **Service Number** (for verification of service) |

**Client Consent** (You must provide a *handwritten signature* in the box below)

|  |
| --- |
| **Signature** |
| **Today’s Date** |

By signing, you authorise us to

If filling in electronically, please print the completed form and then sign.

* act on your behalf

**Please return this form to the advocate**

**By post:** PO Box 375, Hastings, TN34 9HU

**By Email:**  [info@theadvocacypeople.org.uk](mailto:info@theadvocacypeople.org.uk)

You will need to scan both sides of the signed form before e-mailing

* receive all relevant information
* ask others to deal with your advocate as if they were dealing with you personally

|  |  |
| --- | --- |
| **Name:** | **Date of birth:** |

**Ethnicity**

Arab

Asian or Asian British - Bangladeshi

Asian or Asian British - Chinese

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Other

Black or Black British - African

Black or Black British - Carribean

Black or Black British - Other

Mixed - White and Asian

Mixed - White and Black African

Mixed - White and Black Carribean

Mixed - Other

White British

White Gypsy or Irish Traveller

White Irish

White - Other

Other ethnic group

Prefer not to say

**Gender**

Female

Male

Transgender (male to female)

Transgender (female to male)

Other

Prefer not to say

**Sexual Orientation**

Bisexual

Gay Man

Heterosexual

Lesbian

Questioning

Other

Prefer not to say

**Military Connection**

Yes, Serving

Yes, Veteran

Yes, Carer relationship

No

Prefer not to say

**Marital or Civil Partnership Status**

In Civil Partnership

Co-habiting

Divorced or Civil Partnership Dissolved

Married

Separated (but still legally married / in Civil P.)  
 Single

Surviving partner of Civil Partnership

Widowed

Prefer not to say

**Disability**

Not considered to have a disability

Acquired Brain Injury

Autism Spectrum Condition

Cognitive Impairment

Dementia/Alzheimer’s

Learning Disability

Mental Health Problem

Physical Disability

Sensory (Hearing)

Sensory (Sight)

Serious Physical Illness

Unconsciousness

Other

Prefer not to say

**Religion**

Buddhist

Christian (all denominations)

Hindu

Jewish

Muslim

Sikh

No Religion

Other

Prefer not to say

|  |
| --- |
| **When completed, please return this form to the advocate**  **By post:** PO Box 375, Hastings, TN34 9HU  **By Email:** [info@theadvocacypeople.org.uk](mailto:info@theadvocacypeople.org.uk) |