**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

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 |