

**DASL Advocacy Service  
Referral form**



Name

.....



Address and postcode

.....

.....

.....



Phone number

.....



Date of Birth

.....

I would like help to speak up about:



Your Support

Where you live

Your Health



Keeping safe from abuse

Being a disabled parent

Please tell us as much information as possible

Please write.....

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.....  
.....  
.....  
.....



Are there any dates of meetings you want support at?



Please write.....

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.....



Important things about me like-

- how I communicate
- the support I need to keep safe
- Why I need help to speak up
- Any disabilities or impairments I have



Please write.....

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I give consent for this referral. I am happy for DASL\* to store the information on the form safely

Please sign your name

.....



Date.....



Please send the form back to:

The Advocacy Service  
DASL  
'We are 336'  
336 Brixton Road  
London  
SW9 7AA



or email it to us at [advocacy@disabilitylambeth.org.uk](mailto:advocacy@disabilitylambeth.org.uk)

If you need help filling in this form,  
please call the Advocacy Service on  
020 7501 8966



We will contact you within  
5 days of getting your form

\* DASL provides the Advocacy Service as part of the Independent Living and Carers Partnership (ILCP) which is a partnership between Age UK Lambeth, DASL, Lambeth Mencap and South Thames Crossroads.