

**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.....

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



Are there any dates of meetings you want support at?



Please write.....

.....  
.....



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.