

Referral/Application Form for Advocacy Partners Program

The Advocacy Partners Program matches volunteers to people with a disability for advocacy support

Disability Advocacy Service Hunter (DASH) Inc

Suite 3 Level 1 408 King St Newcastle West 2302, Ph: 02 4927 0111 Fax: 02 4927 0114 , E-mail: dash@dash.org.au

Applicant Details:

Date	
Has the person you are referring used DASH before?	
Surname	
First name	
Phone (<i>e-mail/fax ?</i>)	
Address (<i>include Post Code</i>)	
Date of birth	
Describe the person's disability.	
Given that this program is aimed at people with cognitive disabilities (eg intellectual), have you discussed this application with the person and does the person understand how the program can assist them?	
Cultural background? (<i>e.g. non-English speaking background, Aboriginal, English speaking background</i>)	
What are the current living arrangements of the person? (<i>group home, independent, nursing home etc</i>)	
Describe any support services that currently assist the person.	

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<p>Contact person/Carer? <i>(If applicable, is there a family member, friend, carer or advocate DASH should know about?)</i></p>	
<p>Referring agency/person <i>(Referring person's name and contact details)</i></p>	
<p>Summarise the main issues – in what areas do you think the person would benefit from having a volunteer advocate ? <i>(add extra pages if necessary)</i></p> <p><i>(List any additional information that DASH needs to know to assist the person?)</i></p>	<p>**** Has the client given permission for DASH to contact them? YES/NO ****</p>
<p>How urgent is the matter? <i>(Is there any upcoming event that DASH needs to know about?)</i></p>	

Please return this application to:
 Advocacy Partners Program
 Disability Advocacy Service Hunter
 Suite 3 Level 1 408 King St
 Newcastle West 2302

Or via email to dash@dash.org.au or via fax 49270114

Thank you