





Advocating Together (Dundee) SCIO

Self-Advocacy Application Form

	<p>Name:</p>
	<p>Address:</p> <p>Postcode:</p>
 	<p>Telephone number:</p> <p>Mobile number:</p> <p>Email:</p>
	<p>Date of birth:</p>





Advocating Together is a Scottish Charitable Incorporated Organisation (SCIO) – Charity No: SC 026064

The information provided will be processed in accordance with Data Protection Principles as set out in the Data Protection Act (1998), and the General Data Protection Regulations (2018). Data will be processed only in the best interests of Advocating Together (SCIO) Dundee, staff, members, trustees and volunteers. Information provided will not be used for any other purpose.



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Emergency contact details	
	Name:
	Address: Postcode:
 	Telephone number: Mobile number: Email:




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	<p>Do you have a welfare guardian?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, Welfare Guardian's name:</p> <p>Welfare Guardian's contact details:</p>
	<p>Do you have a care manager or social worker?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Care manager or social worker's name:</p>
	<p>Do you need help to get around?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, what help do you need?</p>




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	<p>Do you need any help to communicate?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, what help do you need?</p>
	<p>If you are a smoker, please ask us to see our Smoking Policy.</p> <p>We do not allow smoking in or around our offices.</p>
	<p>Do you have any medical conditions we should know about?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, what are they?</p>




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	<p>Do you have any allergies we should know about?</p> <p>This is important!</p> <p>We offer snacks that people could be allergic to</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If yes, what are they?</p>
	<p>What are you looking for?</p> <p>Friends and relationships or peer support <input type="checkbox"/></p> <p>Speaking up and knowing my rights. <input type="checkbox"/></p>
	<p>Please tell us about yourself and any hobbies and interests you have:</p>




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	<p>Please tell us about things you don't like:</p>
<p>Section A</p> 	<p>Advocating Together (Dundee) SCIO use photographs and films to help with publicity and to help promote the organisation.</p> <p>We will always let you know when we are taking photos or filming. We use images in places such as social media, newspapers, annual reports, leaflets, portfolios and newsletters.</p> <p>Do you consent to us using your image for publicity purposes, without your permission being asked on each occasion?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Section B</p> 	<p>If there are any criminal convictions that you need to speak about or disclose, please ask to speak to our Team Support Manager.</p> <p>The Team Support Manager can speak to you about how we can support you.</p>

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Section C

Applicant or person appointed to act on behalf of this person:

The information I have given on this membership application is, to the best of my knowledge, true and complete. This information is stored securely and is only for the use of Advocating Together and will not be shared with third parties without your prior consent unless you or someone else is at risk or a criminal offence has been committed.

Signature:..... Date:.....

I the **witness** confirm the applicant is aware of and has understood the **Permissions and Declarations Sections A, B and C** of this form.

Witness Signature:..... Date:.....

PERMISSIONS AND DECLARATIONS SECTIONS 'A,B & C'

Please ensure these sections are understood before signing this form



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