 **Action For M.E. Advocacy Self- referral form**

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| **About Me** |
| My first name is: | My surname is: |
| I am over 18: YES/NO |
| I have a diagnosis of M.E./CFS/PVFS: YES/NO |
| I have: Mild/Moderate/Severe M.E. (delete which applies) |
| I need my voice heard, my rights championed or my views, wishes or needs represented. The issue I need help with is: |
| My full postal address is: |
| My email address is: |
| My telephone number is: |
| The best way to communicate with me is: Phone? Email? |
| **Please return this form to:** **advocacy@actionforme.org.uk****Action for M.E., 42 Temple StreetKeynsham BS31 1EH** |
| Data Protection and Consent:* We will use your email and telephone number to keep in contact with you and send you information which you have consented to us sending or have requested.
* We use your address to make sure you are within the catchment area of our services
* If we believe that you are at serious risk of harm, abuse or neglect and this falls within adult safeguarding legislation, we may use your personal details to refer you to the adult safeguarding team in your local area. Wherever possible we will seek your consent to do this, however if we believe that this will put you or another person at an increased risk of harm then we may contact the adult safeguarding team or call the emergency services without your consent.
* Information is only shared on a need to know basis
* Should you change your mind and wish that we delete your data, you can request this. This may impact on the service we are able to provide you.
* In order to advocate on your behalf we will need to liaise with agencies such as the ‘other side’. In such circumstances, we will only communicate information which you have agreed we may share and your advocate will not make decisions for you or without your input.
* In order to ensure we support you as best as we can we may share a limited amount of information with our internal teams such as the welfare support service or information and support service. This is to provide you with a holistic method of support and to reduce the need to pass you through a number of different services.
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| **Declaration of consent****I understand what information Action For M.E. may need to share about me. I agree that the information I have provided can be shared with the relevant agencies in accordance with the circumstances explained above.****I understand that no action will take place without my knowledge and consent and will be treated as confidential unless there is evidence or reasonable cause to believe I or another person is at risk of harm, abuse or neglect or if a crime has taken place/will occur.****Only information that is relevant to advocacy and if necessary, official representation will be recorded and securely stored as a paper or electronic file. I understand that if I agree to my information being shared I have the right to limit how much is shared or to withdraw my agreement at any time. I also understand that this will limit the advocacy and support that AFME can provide me.** |
| **Your name/signature:****Date:** |
| **Please note:****If you are a professional making a referral on behalf of someone else, you need to ensure they have signed and dated this form before you send it.****Please also include your contact details here if this is the case:** |