**We offer independent, specialist advocacy on issues   
that directly relate to M.E./CFS, to people aged 18 and over,   
who live in the UK, and have a diagnosis of M.E./CFS/PVFS**.

Issues which are common to advocacy include advocating with medical professionals, employers, educational bodies and local authority services (such as social care or housing) to gain improvements, entitlements or changes to services.

We encourage and support clients to build skills and confidence to self-advocate wherever possible.

We **do not** provide: mental health or legal advocacy; advocacy on financial issues or help to apply for welfare benefits or claim compensation; medical or legal advice; befriending, coaching, counselling or mentoring. Please see the advocacy Information Pack for further details on what we can and cannot do.

Due to high demand and an active waiting list, we are also **unable to offer an urgent response service**. On receipt of your referral, we will triage and update you on the potential wait time. We appreciate your patience.

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| **About Me** | |
| My first name is: | My surname is: |
| Pronouns: | Date of Birth: |
| I have a diagnosis of M.E./CFS/PVFS: YES / NO | |
| I have Mild / Moderate / Severe M.E. | |
| **I need my voice heard, my rights championed or my views, wishes or needs represented**. Please give a clear description of the issue(s), including any deadlines: | |
| I have an advocate already working with me on this issue. YES / NO | |
| My full postal address is: | |
| My email address is: | |
| My telephone number is: | |
| The best way to communicate with me is: Phone / Email | |
| What I need to make the service accessible for me is: | |
| Please tell us how you heard about this service: | |
| Please return this form to: [advocacy@actionforme.org.uk](mailto:advocacy@actionforme.org.uk)  Action for M.E., 42 Temple Street, Keynsham BS31 1EH | |
| I am an Action For M.E. member: YES / NO  My membership number is: | |
| **Data Protection and Consent:**   * You can find further information about how we process and use your data by reading our Privacy Policy, available on the website or we can send you a hard copy. * We will use your email/telephone number to keep in contact with you and send you information that you have request or consented to us sending. * 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 * In order to advocate on your behalf we may need to liaise with agencies and professionals involved, such as the ‘other side’. In such circumstances, we will only communicate with people/agencies you have given us consent to, and will only share information that you have agreed. Your advocate will not make decisions for you or without your instruction. | |
| **Declaration of consent**  **I give permission for Action for M.E. to process my personal data in order to provide a service to me.**  **I understand that no action will take place without my knowledge and consent and all information 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 an 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:** | |
| **If you are a professional making a referral on behalf of someone else**  Please ensure they have signed and dated this form before you send it and include your contact details: | |