

S.TR.O.N.G

Statement of Treatment Requested,

Ongoing Needs,

and Goals

An AdvoCard PSU Advocacy Pilot Project

AdvoCard Independent Advocacy
Room S15
525 Ferry Road
EH5 2FF

Telephone : 0808 196 3525
Email : advocacysupport@advocard.org.uk

Scottish Charity SC023181
Limited Company by Guarantee SC396023

Name:

Date of Birth:

Best Contact Number:

Other Phone Number(s):

Address:

Postcode:

> Section 1: What I want you to know about me and my situation,

What you need to know about me;

What you need to know about my situation;

What I am looking for help with;

Signed:

Date:

> Section 2: The treatment and/or support I am looking for,

I would like to access the following treatment and/or support;

> Section 3: Other people in my life who I would like you to know about and include in my recovery and/or treatment,

<u>Person</u>	<u>Their relationship to me</u>	<u>Their contact details</u>

Signed:

Date:

> Section 4: What I give my consent for you to do with this document,

This document is a record of my personal information, including information about my health and medical treatment. It is protected under the General Data Protection (GDPR) act (2018) under the category of sensitive information. This document, in almost all circumstances, must not be shared without my consent.

In all cases where I give consent for my information to be shared, stored and processed, I request that it be shared, stored and processed in line with GDPR regulations regarding sensitive information.

I consent to this document being shared with, stored and processed by;

NHS organisations, as necessary to facilitate my treatment and inform relevant medical professionals about my needs.	Yes / No
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Third sector support organisations (such as Turning Point Scotland or Change Grow Live) as necessary to facilitate their support and inform relevant professionals about my needs.	Yes / No
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The local authority and organisations employed by the local authority to carry out statutory duties of care (such as social work or housing associations) as necessary to facilitate my treatment and inform relevant professionals about my needs.	Yes / No
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Advocacy organisations (such as AdvoCard or Partners in Advocacy) who I have engaged to work on my behalf, as necessary to act on my instructions.	Yes / No
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Advice organisations (such Citizen's Advice or Shelter) as necessary to facilitate their support and inform relevant professionals about my needs.	Yes / No
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I completed this form with assistance; -I received assistance from;	Yes / No
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Name:	Relationship to me:
Telephone Number:	Postal Address:
Alternate Number:	
Email address	Post Code:

This person gave their permission to be contacted regarding this document – Yes/No

Please treat the requests that I have made, and the views that I have expressed, in this document as you would treat requests I had made or views I had expressed to your organisation in person, in writing or by any other means of communication.

Signed:

Date: