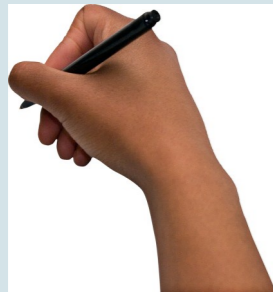




When we get this form we will contact you.



Plymouth Highbury Trust  
207 Outland Road  
Peverell  
Plymouth. PL2 3PF  
01752-753712



Signature:



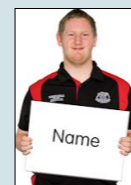
Date:



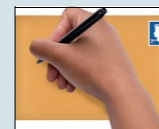
# Advocacy Referral Form



Please complete this form if you would like an advocate.



Name:



Address:



Tel. No:



Date of Birth:



Why would you like an advocate?



Please tell us about other people who help you, like a Care Manager or Support Worker.



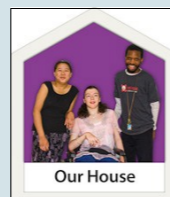
Do you live.....



On your own?



With Family?



With friends?



Please send this form to us at:

**Plymouth Highbury Trust**

**Advocacy Services**

**207 Outland Road**

**Peverell**

**Plymouth**

**PL2 3PF**

[kate.cowling@plymouthhighburytrust.org.uk](mailto:kate.cowling@plymouthhighburytrust.org.uk)

**01752 753712 or 01752 773333**