

Enquiry Form



NATIONAL ADVOCACY SERVICE
FOR PEOPLE WITH DISABILITIES

Enquiry Line: 0818 07 3000

PLEASE ONLY COMPLETE THIS FORM IF YOU ARE MAKING AN ENQUIRY ON BEHALF OF ANOTHER PERSON

ENQUIRY

Does the person know that you are contacting NAS on their behalf?

(NAS is led by the person, and where possible requires their direct instruction to begin working with them.)

Yes

No

If not, please explain:

Can the person speak to NAS directly rather than this enquiry form being completed on their behalf?

Yes

No

Has the person given their explicit consent to you for their personal information to be shared?

Yes

No

Date consent obtained:

By whom:

If no, is the enquiry necessary to protect vital interests of the person?

Yes

No

If no, is the enquiry necessary for public interest or official authority?
If no, any other explanation:

Yes

No

PERSON'S DETAILS

Name:

Address:

REASON FOR ENQUIRY:

What are the Advocacy Issues?

(Please note NAS provides one to one representative advocacy for adults only (18+) and works on an issue specific basis. NAS do not offer long term social support or other services such as key working, social work or legal services).

What steps have you taken to support the person with these Issues?

SIGNIFICANT OTHERS (i.e. Friends and Family - name and contact details (Where relevant):

Any steps taken by significant others to support the person with these issues?

For Office Use Only: Date Enquiry Form was Received by NAS: _____

OTHER PROFESSIONALS INVOLVED (name and contact details where relevant):

Please indicate if they are aware of the advocacy issues identified and what steps they have taken to support the person with these issues:

NATURE OF PERSON'S DISABILITY

Intellectual Disability		Dementia	
Autism Spectrum Disorder		Acquired Brain Injury	
Mental Health		Sensory Disability	
Physical Disability		Other (please state below)	

PRIMARY MEANS OF COMMUNICATION

Verbal		Gestures / Facial Expressions / Vocalisations	
Other Spoken Language		No Obvious Means of Communication	
Sign Language		Other (please state below)	
Words / Pictures – Picture Bank			

Other Essential Information:

Has the person given permission for an Advocate to contact them?

Yes

No

Person's contact details (if appropriate):

If person resides in a residential setting, is this enquiry being made following a HIQA inspection?

Yes

No

ENQUIRERS DETAILS

Name:

Position/Relationship to person:

Address:

Telephone Number and Email:

PLEASE USE THE SPACE BELOW TO ADD ANYTHING ELSE YOU FEEL IS OF IMPORTANCE

(i.e. are there specific days of the week or times of the day when it is easier to contact the person to arrange a first visit, should the advocate contact the enquirer to arrange a first visit etc.)

PLEASE BE AWARE THAT UPON RECEIPT OF THIS ENQUIRY THE NATIONAL ADVOCACY SERVICE FOR PEOPLE WITH DISABILITIES IS CONFIDENTIAL, AND THEREFORE THE NATIONAL ADVOCACY SERVICE FOR PEOPLE WITH DISABILITIES WILL ONLY HAVE FURTHER CONTACT WITH YOU UNDER THE SPECIFIC AUTHORITY OF THE PERSON OR WHERE NECESSARY. PLEASE NOTE THAT COMPLETION OF THIS FORM DOES NOT AUTOMATICALLY RESULT IN AN ADVOCATE BEING APPOINTED FOR THE PERSON. THIS FORM IS PART OF AN ENQUIRY PROCESS TO DETERMINE WHETHER OR NOT NAS IS THE RIGHT SERVICE FOR THE PERSON.

Please note this enquiry can only be processed if every section of this form has been completed. Incomplete forms will be returned

SIGNATURE: _____

DATE: _____

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SENDING FORM BY E-MAIL

Please send this form to the regional office address that covers the county in which the person lives;

Greater Dublin Dublin, Fingal and Wicklow	pearl.malone@advocacy.ie
Midlands, Northeast Kildare, Meath, Cavan, Laois, Longford, Louth, Monaghan, Offaly, Westmeath	mandy.price@advocacy.ie
Western Clare, Donegal, Galway, Leitrim, Limerick, Mayo, Roscommon, Sligo	sharon.kavanagh@advocacy.ie
Southern Carlow, Cork, Kerry, Kilkenny, Tipperary, Waterford, Wexford	annemarie.collins@advocacy.ie