## **Enquiry Form**



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

Enquiry Line: 0818 07 3000

ENQUIRY         Does the person know that you are contacting NAS on their behalf?       Yes       No         (NAS is led by the person, and where possible requires their direct instruction to begin working with them.)       In ord         If not, please explain:       Yes       No         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       Image: Completed on their explicit consent to you for their personal information to be shared?         Date consent obtained:       By whom:       Image: Completed on their explicit consent to interests of the person?       Yes       No       Image: Completed on their explicit consent to you for their person?       Yes       No       Image: Completed on their explicit consent to you for their person?       Yes       No       Image: Completed on their explicit consent to you for their person?       Yes       No       Image: Completed on their explicit consent to you for their person?       Yes       No       Image: Completed on their explicit consent or official authority?       Yes       No       Image: Completed on their explicit consent or official authority?       Yes       No       Image: Completed on their explicit consent explicit conse						
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Can the person speak to NAS directly rather than this enquiry form       Yes       No         Has the person given their explicit consent to you for their personal       Yes       No         Has the person given their explicit consent to you for their personal       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?       Yes       No         If no, is the enquiry necessary for public interest or official authority?       Yes       No         PERSON'S DETAILS         Name:       Address:         Address:       Vest 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):	instruction to begin working with them.)	direct	163			
being completed on their behalf? Tes   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   Person? Yes No No Person? S DETAILS Name: Address: Reason FOR ENQUIRY: What are the Advocacy Issues? What are the Advocacy Issues? 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):	If not, please explain:					
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	What steps have you taken to support the person with these	ssues?				
Any steps taken by significant others 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 w	ith these is	ssues?			

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## 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	Dementia				
Autism Spectrum Disorder	Acquired Brain Injury	Acquired Brain Injury				
Mental Health	Sensory Disability	Sensory Disability				
Physical Disability	Other (please state below)	Other (please state below)				
PRIMARY MEANS OF CO	MMUNICATION					
Verbal	Gestures / Facial Expressio	ns / Vocalisations				
Other Spoken Language	No Obvious Means of Com	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 HIOA						
inspection?						
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ENQUIRERS DETAILS						
· ·						
ENQUIRERS DETAILS         Name:         Position/Relationship to						
ENQUIRERS DETAILS Name:						
ENQUIRERS DETAILSName:Position/Relationship to person:						
ENQUIRERS DETAILSName:Position/Relationship to person:						
ENQUIRERS DETAILS         Name:       Position/Relationship to person:         Address:       Address:         Telephone Number and Email:       PLEASE USE THE SPACE BELOW	<b>TO ADD ANYTHING ELSE YOU FEEL IS OF IMP</b> ek or times of the day when it is easier to contact th enquirer to arrange a first visit etc.)	ORTANCE				
ENQUIRERS DETAILS         Name:         Position/Relationship to         person:         Address:         Telephone Number and         Email:         PLEASE USE THE SPACE BELOW         (i.e. are there specific days of the web	ek or times of the day when it is easier to contact th	ORTANCE				
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Please send this form to the regional office address that covers the county in which the person lives;

<b>Greater Dublin</b> Dublin, Fingal and Wicklow	pearl.malone@advocacy.ie
<b>Midlands, Northeast</b> 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
<b>Southern</b> Carlow, Cork, Kerry, Kilkenny, Tipperary, Waterford, Wexford	annemarie.collins@advocacy.ie