



INDEPENDENT STUDENT ADVOCACY SERVICE

We Listen. We Support. We Empower.
adventadvocacy.co.uk/students

STUDENT ADVOCACY CONSENT FORM - DATA SECURITY INFORMATION

Advent Advocacy takes its obligations under data protection law seriously (including the Data Protection Act 2018). We will treat all your personal data as strictly confidential. Personal details will not be shared with third parties, other than for the reasons listed below, unless we are legally obliged to do so:

- With your explicit consent
- It is necessary for law enforcement purposes, or
- It is necessary to protect our rights, safety of our staff or property.

Where **consent** is used as the legal basis for processing your personal data you have the right to withdraw consent to the data processing at any time. However, this will not affect the lawfulness of any processing carried out before you withdraw your consent or processing carried out using an alternative legal basis such as 'legal obligation'.

PLEASE RETURN THE REFERRAL FORM TO:

RETURN BY POST TO:

Advent Advocacy Ltd
Student Advocacy Service
Lingfield House
Lingfield Point
Darlington
County Durham
DL1 1RW

TELEPHONE

Or for further enquires you can
contact us on:
01325 776 554

EMAIL

student@adventadvocacy.co.uk

We aim to respond to referrals within 5 working days.

Please note that if your university does not have a partnership with us, then the support we are able to provide will be limited to 'signposting' only and we will be in contact at our earliest opportunity. Do please ensure that you fill out a referral form, as this strengthens our position when approaching prospective new partner organisations.

(Cont.)

SECTION A - Self Referral (student making a personal referral)

Are you currently a student?	Yes	No
Are you requiring support for yourself? <small>(If you are making a referral on someone's behalf, please refer to Section B)</small>	Yes	No
Student Name		
University		
Course Title		
Address		
Email Address		
Telephone Number		
Do you consent to information being shared with the student wellbeing department? <small>We do need to let you know that we will inform your university that we are providing an advocacy service for you, we WILL NOT let the university know what the matter is about without your explicit consent (or we are legally obliged to do so - please tick the relevant box).</small>		
Yes	No	

Nature of Referral (Please tell us why you need our support)

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Signed	Date
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SECTION B - making a referral on behalf on someone else

We do need to let you know that we WILL NOT provide you with any information provided by the student referred without the student's explicit consent (or we are legally obliged to do so) - please provide your details below:

Referrer's Name		
Relationship to Student		
Job Title		
Organisation		
Email Address		
Telephone Number		
Are you currently a student?	Yes	No
Student Name		
University		
Course Title		
Preferred contact method		
The student has consented to you referring them to the Student Advocacy Service and the written consent is attached <small>(This is essential - please tick the relevant box).</small>		
Yes	No	

Nature of Referral (Please tell us why you need our support)

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Signed	Date
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Thank You!

@uniadvocates

