**Community Powered Advocacy**

**For people over the age of 18 with a**

**Vulnerability living in Warwickshire who don’t use formal services or receive**

**support from social care**.

**How can I join in?**

**Complete your details on this sheet and someone from the team will get back to you**

**I am aged 18 or over**

**I would like to refer myself to this project**

**I consent to giving my name**

**and address to Grapevine**

**so they can contact me**

**about the project**

**Grapevine must keep**

**my information safe and**

**not share with anyone else.**

**Name: ………………………………………………………………….**

**Address: ………………………………………………………………...**

**…………………………………………post code …………………...**

**Tel………………………………………... Signed …………………………….**

