

Closure Form



To be completed by the Advocate

1. Partnership details:

Advocate name	
Client name	
Case number	
Partnership start date	
Partnership end date	
Time spent on the partnership ¹	

2. Advocacy role:

As agreed with client and approved by programme coordinator

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3. Learning:

E.g. anything you've learnt during the partnership that might be useful to other volunteers? Suggestions for how the charity could improve its work (e.g. training needs)?

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4. Forms returned to Getting Heard:²

Form	Y / N	If not – what was the reason?
Partnership Brief	Y / N	
Partnership Agreement	Y / N	
Consent Form	Y / N	
Feedback Form	Y / N	
	Y / N	
	Y / N	

¹ This should include travel time, contact with coordinator, phone calls etc.

² Please note that all case-related documentation should be returned to the client and all other forms should be returned to Getting Heard.

5. The partnership

In this section, please describe actions taken during the partnership.

When writing your answer you might address the following:

- How did you support the client to have their voice heard?
- Was the partnership client-led? Could you give any examples?
- Did any incidents occur during the partnership? If so, what steps did you take to address the concern? E.g. Did you contact your coordinator, fill in incident form...
- What other services did you engage with during the partnership?
- Was the client's issue resolved?
- Any other outcomes for the partnership?

Volunteer advocate signature:

Date:

Please complete and return to your Programme Coordinator
jo-ann.compton@gettingheard.org

THANK YOU!