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| **Tel: 0345 310 1812**  **Email: referrals@advocacyforall.org.uk**  **Web: www.advocacyforall.org.uk**  **Advocacy for All**  **The Civic Centre**  **St Mary’s Road**  **Swanley**  **BR8 7BU** | | **Croydon LD**  **Referral Form** | | |
| **Advocacy can help with:**  Advocacy for All logo_1_Hi-res (RGB)   * helping you decide where to live * in Safeguarding or crisis procedures * getting support about your health * support plans and care assessments | | * help you get the right support * transition to adult services * to speak up * when you are unhappy with your service or support | | |
| I:\lores_images\Telephone.jpg | **If you cannot fill in this form, please click view then edit.**  If youneed helpwith this form, please call us on:  **0345 310 1812 and option 1 for referrals** | | | |
| I:\lores_images\Formhelp2.jpg | Monday to Friday between 9am and 5pm  You ask **someone you trust to help** you | | | |
| **Send this referral by:** | | | | |
| **Email** | **referrals@advocacyforall.org.uk** | | **Post** | **The Civic Centre, St Mary’s Road, Swanley BR8 7BU** |

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| **About you** | | | |
| **Your name** | Click or tap here to enter text. | **Date of birth** | Click or tap here to enter text. |
| **Your address** | Click or tap here to enter text.  Own Home  Residential Home  Nursing Home  Supported Living  Other  Click or tap here to enter text. | **Age** | Click or tap here to enter text. |
| **Is this your?** | **Gender** | Man  Woman  Transgender  Non Binary  Intersex  Prefer not to say  Your own term:………………….. |
|  | **Please tell us about** | Click or tap here to enter text. |
| **I:\lores_images\Telephone.jpg**  **Telephone** | Click or tap here to enter text. | **your disability** |
| **I:\lores_images\TextMessage.jpg**  **Mobile** | Click or tap here to enter text. | **Care Manager / Social Worker** | Name: Click or tap here to enter text. Telephone: Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. | **Funding area** | Click or tap here to enter text. |

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| **Ethnicity** |  |  |  |  |  |
| **White** | British |  | **Black or**  **Black British** | Caribbean |  |
|  | Irish |  | African |  |
|  | Other |  |  | Other |  |
| **Mixed** | White & Black Caribbean |  | **Asian or**  **Asian British** | Indian |  |
|  | White & Black African |  | Pakistani |  |
|  | White & Asian |  |  | Chinese |  |
|  | Other |  |  | Other |  |
| **Other** | Click or tap here to enter text. |  |  |  |  |

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| **Sexuality** | Choose an item. | **Religion** | Choose an item. |
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| **Name of Referrer** | Click or tap here to enter text. | **Address** | Click or tap here to enter text. |
| **Relationship to person for example, key worker, social worker, family member** | Click or tap here to enter text. |
| **Telephone** | Click or tap here to enter text. |
|  | **Email** | Click or tap here to enter text. |
| I:\lores_images\Decision.jpg | **What help is needed and when?**  Click or tap here to enter text. | | |

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| I:\lores_images\InformationSign.jpg | **Other information (eg: health issues, risks)**  Click or tap here to enter text. |
|  | **How did you hear about Advocacy for All?**  Click or tap here to enter text. |

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| **Consent Form**  The Data Protection Act says we need to make sure you agree that we can keep personal information on you. |

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| **I would like Advocacy for All to advocate for me. I understand that my information will be stored safely on a computer.** | | | | |
|  | **Your signature.**  **Type in name if completing online** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. |
| **The** **referrer’s agreement** | | | | |
| **I confirm that I have consent from the client to make a referral to Advocacy for All or I confirm I have the authority to make a referral for the client. I understand that the information I provide about the client will be stored securely on a computer.** | | | | |
|  | **Referrer signature.**  **Type in name if completing online** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. |

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| I:\lores_images\Secret.jpg | **What happens next:**  We won’t tell anyone what you have said to us unless   * you want us to * it involves danger to you or other people * the laws say we need to |
| **Advocacy for All is an Independent Advocacy Organisation Charity No: 1068455 Company No: 3407428** | |

