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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** | **General Advocacy****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 5pmYou 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: Click or tap here to enter text. |
|  | **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 personfor 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
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| **Advocacy for All is an Independent Advocacy Organisation Charity No: 1068455 Company No: 3407428** |



 

