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| **Tel: 0345 310 1812**  **Email:** [**groups@advocacyforall.org.uk**](mailto:groups@advocacyforall.org.uk)  **Web:** [**www.advocacyforall.org.uk**](http://www.advocacyforall.org.uk)  **Advocacy for All**  **The Civic Centre**  **St Mary’s Road**  **Swanley**  **BR8 7BU** | | **Kent ASC Peer Support Project**  **Referral Form** | | | |
| **Peer support membership criteria:**  Advocacy for All logo_1_Hi-res (RGB)   * The project is for adults who are over 18 * Who live in Kent (not Medway) * Have an official diagnosis of an autism or Asperger syndrome | | | | | |
| **Peer support project provides:**   * Monthly peer support groups across Kent * Regular, structured social events | | | * Sign-posting to useful services * Online communication * Special projects like art exhibitions, days out | | |
| 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 | | | | |
| **Send this referral by:** | | | | | |
| **Email** | [**groups@advocacyforall.org.uk**](mailto:groups@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. | | **Age** | Click or tap here to enter text. | |
|  | | **Gender** | 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. | | **Diagnosed condition (s) i.e. autism or Aspergers** |
| **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. | |
|  | |  | |  |  | |
| **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. |
| **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 are your main reasons for joining the groups?**  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 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** | |