



**Advocacy for All**  
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**Web: [www.advocacyforall.org.uk](http://www.advocacyforall.org.uk)**

**Kent & Medway  
 SEAS Programme  
 Referral Form**



**Advocacy for All is independent from statutory organisations and all other service delivery and is free from conflict of interest.**

Our South East Autism Support (SEAS) Programme offers a continuum of support for autistic adults (those aged 18 and over) living in Kent and Medway. We offer several projects for a range of needs. Each of these works differently. You can move between different projects if you meet the eligibility criteria, without the need for an additional referral form. Please indicate your preference of project below. We cannot guarantee that your preference will be offered initially, as it may be that a different project is more suitable. Please note that we cannot support those with additional care or support needs. All of our projects require independent engagement.

**The Touch Base Project  
 Crisis Alternatives**

**Eligibility Criteria:**

- Adult (over 18 years of age)
- An official diagnosis of, or awaiting assessment for, autism or Asperger's
- Significant mental health needs
- Approaching a mental health crisis

*We cannot support those who are currently in crisis and require clinical intervention.  
 If you are feeling unsafe and need urgent help, please call 999 immediately.*

**What We Offer:**

- 6 weeks of 1:1 Self-Advocacy either face-to-face or remotely
- A confidential, safe space to discuss what is going on for you
- Support with understanding your rights and responsibilities
- Signposting to other relevant services and forms of support

**All Together Autistic  
 Peer Support Groups**

**Eligibility Criteria:**

- An official diagnosis of autism or Asperger's
- Able to travel independently

**What We Offer:**

- Monthly face-to-face groups across Kent
- A timetable of regular online special interest groups
- Regular, structured social events and activities
- A chance to meet others with similar backgrounds and interests

**My preference of project would be:**

*The Touch Base Project*

*All Together Autistic*

If you cannot fill in this form, please click 'view' then 'edit'.

Once completed send to [SEAS@advocacyforall.org.uk](mailto:SEAS@advocacyforall.org.uk) or post to the above address.

Please fill in all fields, where possible. If information is missing this may cause a delay in processing your referral.



### Personal Details:

**Title:**  
**Full Name:**  
**Pronouns:**  
**Date of Birth:**  
  
**Address:**  
**Postcode:**



**Tel:**  
**Mobile:**  
**Email:**



**Please select ALL those which apply:**

- Diagnosis of autism/Asperger's
- Awaiting assessment for autism/Asperger's
- Living in Kent or Medway
- Significant Mental Health Difficulties

### Professional Involvement Details:

*We will only contact other organisations with your explicit consent or if we need to relay a specific concern as part of our duty of care.  
Please ask if you need further details.*

### Contact Preferences:

*By submitting this referral form, you agree that the information included on this form can be stored and processed for the purposes of providing our service.  
It will be stored securely and electronically, according to our [Privacy Statement](#).*

**GP's Name (if known):**  
**GP Surgery:**  
**GP Address:**  
**GP Telephone Number:**  
  
**Named Social Worker (if any):**

**What are your preferred methods for making initial contact?**

*(Please choose at least one)*

**Landline Call      Mobile Phone Call      Text Message      Email**

**Please state the reason for referral and any background information:**

*Please give as much detail as possible about why this referral is being made. What are your main reasons for wanting to access the SEAS Programme?*



## Risk Information:

Please give details about any risk factors that may be involved, of which Advocacy for All may need to be aware.

Please be honest and answer fully, to the best of your knowledge. We want to make sure that we provide the right level of support and that everyone feels safe when working with us. The presence of risks does not mean that the service will necessarily be declined.

Any inaccurate or incomplete information may affect our ability to offer a suitable service.

### Is there any current or historical risk of:

If any risk present, this referral will need to be screened prior to membership being offered.

Suicidal thoughts and feelings?

Alcohol or substance misuse?

Self-harm?

Difficulties controlling anger or violence?

Criminal charges?

Restrictions on accessing some services or locations?

Criminal convictions?

Other risk that we may need to know about?

If you have answered 'Yes' to any of the questions, please give more details:

## Additional Information:

### Monitoring Data:

(Optional)

We use this data to try to make sure that our work is as inclusive as possible. We want to make sure that our resources are used fairly and with maximum impact.

### Additional Medical Information:

(e.g.: allergies, neurodiversity (other than autism), medical conditions, physical limitations, mental health conditions etc.)

### Emergency Contact Information:

We will only contact this person in urgent circumstances. Please check that they give consent for their information to be shared.

Gender:

Ethnicity:

Religion/Faith:

Sexuality:

Name:

Relationship to You:

Telephone Number:

<b>Date of referral:</b>	<b>Is this a self-referral?</b>
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<b>Referrer's Details:</b>	<i>(Do not complete if a self-referral)</i>
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By submitting this referral form on behalf of an individual, the referrer is agreeing to the following:

*I confirm that I have **informed consent** from the person being referred to make a referral to Advocacy for All.*

*I have completed this referral form **fully and to the best of my knowledge.***

**I agree:**

**Please tick here if the person being referred has given consent for the referrer to be informed about the outcome of the referral:**

<b>Referrer's Name:</b> <b>Relationship to Client:</b>  <i>If this referral is from a professional organisation:</i> <b>Job Title:</b> <b>Organisation:</b>	<b>Address:</b> <b>Postcode:</b> <b>Landline:</b> <b>Mobile:</b> <b>Email:</b>
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