**Rule 1.2**

**Referral Form**



**Advocacy for All**

**The Civic Centre**

**St Mary’s Road**

**Swanley**

**BR8 7BU**

**Tel: 0345 310 1812**

**Email: referrals@advocacyforall.org.uk**

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

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| Advocacy for All is totally independent from statutory organisations and all other service delivery and is free from conflict of interest.  **If you cannot complete this form, then please click view then edit.**  **Please complete form fully and email to:** [**referrals@advocacyforall.org.uk**](mailto:referrals@advocacyforall.org.uk?subject=Care%20Act%20Advocacy%20Referral) |

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| **Date of referral:** Click or tap here to enter text.  Referrer’s Name:Click or tap here to enter text.  Job title: Click or tap here to enter text.  Organisation: Click or tap here to enter text.  Address: Click or tap here to enter text.  Postcode: Click or tap here to enter text.  Tel: Click or tap here to enter text. Mobile: Click or tap here to enter text.  Email: Click or tap here to enter text.  Is this a first referral? YES  NO  Funding Authority: Click or tap here to enter text. | **Client Title:** Click or tap here to enter text.  Client name: Click or tap here to enter text.  Reference number: Click or tap here to enter text.  Date of birth: Click or tap here to enter text.  Man  Woman  Transgender  Non Binary  Intersex  Prefer not to say  Your own term:…………………..  Address of clients **current** location : Click or tap here to enter text.  Postcode: Click or tap here to enter text.  Tel: Click or tap here to enter text.  **Please specify location type**: Own Home  Residential Home  Nursing Home  Supported Living  Other  Click or tap here to enter text.  Is this a first referral? YES  NO |
| **Nature of person’s impairment:**  Choose an item.  If other, please specify:  Click or tap here to enter text. | **Ethnicity:** Choose an item.  **Religion/Faith:** Choose an item.  **Sexuality:** Choose an item. |

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| Please state reason for referral, whether there are any planned meetings taking place and/or any other relevant information:  Click or tap here to enter text. |

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| Does the Advocate need to be aware of any risks (including behavioural issues), environmental hazards or infections when dealing with the case? | Yes |  | No |  |
| If yes, please provide details: | | | | |
| Click or tap here to enter text. | | | | |

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| **The referrer’s agreement:**  I confirm that I have consent from the person being referred to make a referral to Independent Advocacy. If the person being referred is not able to give consent, I confirm that I am satisfied that it is in the person’s best interests to be supported and represented by an Independent Advocate.  I understand that the information I provide about the person will be stored securely on a computer. |

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| **Advocacy for All is an independent advocacy organisation** | **Charity no 1064855 Company no 3407428** |





