



Advocacy for Bromley  
The Civic Centre  
St Mary's Road  
Swanley  
BR8 7BU  
Web: <http://advocacyforbromley.org>  
Tel: 0345 310 1812

# Bromley Community Mental Health Service Referral Form

## Bromley Community Mental Health Service Eligibility Criteria:

To be eligible for this service each criteria below needs to met. Please tick all that apply to you/client

Adult (over 18 years of age)

Bromley resident

Receiving treatment by professionals in the community for a mental health condition, for example from a Gp, mental health teams.

No family member or friend to act as an appropriate person to facilitate the individual's involvement in the decision making about their care and support.

**If you feel unsafe and need urgent help, please call 999 immediately**

**How to contact us**

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

If you need help with this form, please call us on:

**Tel: 0345 310 1812 and option 2 for referrals**

<b>Send referral by Email</b>	<b>referrals@advocacyforall.org.uk</b>	<b>Send referral by Post</b>	<b>The Civic Centre, St Mary's Road, Swanley BR8 7BU</b>
<b>Client information</b>			
<b>Full name</b>		<b>Date of birth</b>	
<b>Your address at the time of referral</b>		<b>Age</b>	
<b>Your permanent address</b>		<b>Disability/impairment</b>  <b>If other please specify</b>	
<b>Your Location at the time of referral</b>		<b>Care Manager, Social Worker or Mental Health Support Worker details</b>	Name  Telephone:
<b>Telephone</b>		<b>Funding area</b>	

<b>Mobile</b>		<b>Emergency Contact Relationship:</b>	
<b>Email</b>		<b>Emergency Contact Name:</b>	
		<b>Emergency Telephone Number:</b>	

<b>Ethnicity</b>				
<b>White</b>	British		<b>Black or Black British</b>	Caribbean
	Irish			African
	Other			Other
<b>Mixed</b>	White & Black Caribbean		<b>Asian or Asian British</b>	Indian
	White & Black African			Pakistani
	White & Asian			Chinese
	Other			Other
<b>Other</b>				

<b>Gender:</b>		<b>Religion:</b>	
<b>Other</b> (please describe how the client identifies, identifies as female and transgender)		<b>Other</b> (please describe how the client identifies, identifies as female and transgender)	
<b>Sexuality</b>		<b>Language:</b>	
<b>Other</b> (please describe how the client identifies, identifies as female and transgender)			

**Referrer information (do not complete if self-referral)**

<b>Name of Referrer</b>		<b>Address</b>	
<b>Relationship to person for example, key worker, social worker, family</b>			
<b>Telephone</b>			
<b>Email</b>			
<b>Referral issue – please give a brief outline of the reason advocacy is required.</b>			

**Are there any risks we should be aware of when visiting or arranging to meet the client?**  
*If you are not aware of any risks, please write 'no known risks'*

**How did you hear about us?**

**Consent Form**

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

<b>I would like Advocacy for All to advocate for me. I understand that my information will be stored safely on a computer.</b>			
<b>Your signature.</b> Type in name if completing online		<b>Date</b>	
<b>The referrer's agreement</b>			
<b>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.</b>			
<b>Referrer signature.</b> Type in name if completing online		<b>Date</b>	

<b>What happens next:</b>		
We won't tell anyone what you have said to us unless		
<ul style="list-style-type: none"> <li>• you want us to</li> <li>• it involves danger to you or other people</li> <li>• the laws say we need to</li> </ul>		
<b>Advocacy for All is an Independent Advocacy Organisation</b>	<b>Charity No: 1068455</b>	<b>Company No: 3407428</b>

