



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

Croydon LD Referral Form

Advocacy can help with:

- 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

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



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

0345 310 1812 and option 1 for referrals



Monday to Friday between 9am and 5pm

You 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**



About you

Your name		Date of birth		
Your address		Age		
Is this your?		Please tell us about your disability		
		Care Manager / Social Worker Name and number		
 Telephone				
 Mobile		Funding area		
 Email				

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					

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

Name of Referrer		Address	
Relationship to person			

for example, key worker, social worker, family member		Telephone	
		Email	

What help is needed and when?



Other information (eg: health issues, risks)



How did you hear about Advocacy for All?

Consent Form

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

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**

Date

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

Date



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

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Company No: 3407428

