



**Advocacy for All**  
**The Civic Centre**  
**St Mary's Road**  
**Swanley**  
**BR8 7BU**

**Tel: 0345 310 1812**

**Email: [referrals@advocacyforall.org.uk](mailto:referrals@advocacyforall.org.uk)**

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

## **Rule 1.2**

### **Referral Form**

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

If you have a **COP 3** you do not need to complete this form. Please email the COP 3 to the below email address.

**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)**

**Date of referral:**

Referrer's Name:

Job title:

Organisation:

Address incl postcode:

Tel:

Mobile:

Email:

How did you hear about Advocacy For

All Funding Authority:

**Client Title:**

Client name:

Reference number:

Date of birth:

Address of clients **current** location inc postcode:

Tel:

**Please specify location type:**

Is this a first referral



Does the Advocate need to be aware of any risks (including behavioural issues), environmental hazards or infections when dealing with the case?

If yes, please provide details:

**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.

**Advocacy for All is an independent advocacy organisation**

**Charity no 1064855**

**Company no 3407428**

