



Advocacy for All
The Civic Centre
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The South East Autism Support Programme
Kent & Medway



Referral Form

**Advocacy for All is independent from all statutory services and other service providers.
We operate without conflicts of interest and act only for the benefit of the people we support.**

The SEAS Programme provides a range of self-advocacy support across several different projects, each designed to meet a variety of needs.
You can move between projects - there's no need to complete another referral form.
Please tell us which project you would prefer below. We'll do our best to match your preference, but sometimes a different project may be more suitable based on your needs.

Eligibility Criteria

The SEAS Programme is designed to provide support to those who:

- Are aged 18 or over
- Live in either Kent or Medway
- Have an official diagnosis of autism/Asperger's or are on the waiting list for an assessment for autism
 - Are able and willing to engage independently with services in the community

*Please note: Self-advocacy is not suitable for people who need 1:1 help from a parent, carer, family member, or friend.
If someone requires additional care, we can signpost them to local services that are better equipped to meet those needs.*

The Touch Base Project

Who is it for?

Anyone who has significant mental health difficulties
Anyone who is approaching a period of distress or is struggling

*Please note that 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 is it?

6 weeks of 1:1 goal-focussed support
Either face-to-face or remote (via Zoom)
Support with understanding your rights and responsibilities
Signposting to other relevant services and forms of support

All Together Autistic

Who is it for?

Anyone who wants to meet other autistic adults
Anyone who wants to engage in special interest activities in a social setting

What We Offer:

Monthly regional face-to-face groups across Kent and Medway
A timetable of regular online special interest groups (via Zoom)
Regular, structured social events and activities
Peer-led discussion around autism and autistic identity

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**.

Please fill in all fields, except for those marked 'Optional'. If information is missing this may cause a delay in processing your referral.

Personal Details and Contact Information:

Full Name:

Landline:

Pronouns:

Mobile:

Date of Birth:

Email:

Address:

Please select ALL those which apply:

A formal diagnosis of autism/Asperger's

On the waiting list for an assessment for autism/Asperger's

Living in Kent or Medway

Postcode:

Significant mental health difficulties

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.

Gender:

Ethnicity:

Religion/Faith:

Sexuality:

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 Policy](#).

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?
What are your current goals (if any)?*

Risk Information:

We ask that you share any information that might help us understand and manage risks safely. This helps us make sure everyone involved feels comfortable and supported. Being open and honest won't automatically stop you from getting our service - it just helps us plan the right kind of support for you and keep you informed about suitable alternatives if we cannot help you at the moment.

However, if important information is left out or not shared, we may not be able to offer the service safely or at all.

Do you have now, or have you ever had, any:

Suicidal thoughts and feelings?

Issues with alcohol or substance misuse?

Concerns about self-harm?

Difficulties controlling anger or violence?

Criminal charges?

Restrictions on accessing some services or locations?

Criminal convictions?

Other risks that we may need to know about?

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

N.B. If any risks are present, we may need to arrange an initial call prior to membership being offered. We need to make sure that we can offer a safe and suitable service and check if other help might be useful.

Additional Information:

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. However, we do need these details to offer a safe service.

GP's Name (if known):

GP Surgery:

GP Address:

GP Telephone Number:

Named Social Worker (if any):

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.

Name:

Relationship to You:

Telephone Number:

Date of Referral:		Is this a Self-Referral?	
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Referrer's Details:

(Do not complete if a self-referral)

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 pass their information to Advocacy for All.*

(I have discussed the SEAS Programme with the person being referred.

They are aware that this referral is being made and that they will be contacted by 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:

Referrer's Name:

Address:

Relationship to Client:

Postcode:

If this referral is from a professional:

Landline:

Job Title:

Mobile:

Organisation:

Email:



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