Sutton Touch Base Easy Read Self Referral Form

You **can use Touch Base** if

- You are **over 18** years old
- You live in **Sutton Borough**
- You have a **learning disability** and **mental health needs**

You **can't use Touch Base** if

- You are in **crisis** or an **emergency**
- You need **medical help**

If you are **feeling unsafe** and need **urgent help**, please **call 999**

What do we offer in Touch Base?

- **6 weeks of 1 to 1 advocacy** with an advocate. This can be in person or remotely

- **A private, safe space**, to discuss your worries and what is going on for you

- Support to **understand your rights** and responsibilities

- **Peer support groups**

- **Drop in and chat sessions**

- **Signposting** to other services and support if needed

Personal details

Name

Date of Birth

Pronouns used

Address

Telephone number or mobile

Email

Please tick all that are correct for you

- Have a **learning disability**

- Live in **Sutton borough**

- Have **mental health needs**

How would you like us to contact you?

Landline call

Mobile call

Text message

Email

Tell us why you would like to have support from the Touch Base project

Risk Information

Please tick if you have any of these concerns **now or in the past**

I have thoughts or feelings of **killing myself**

I have thoughts or feelings of **hurting myself**

I have been **arrested**

I have been in **prison**

I have problems with **alcohol or drugs**

Risk Information

Please tick if you have any of these concerns **now or in the past**

I find it hard to control my **anger or violence**

I have **restrictions** from using certain **services**

Any **other risks**?

If you **ticked yes** to any of the risks, can you **tell us more information** in the box below

Professionals details

GP name (if you know it)

GP surgery

GP address

GP phone number

Social worker name (if you have one)

Social worker number and email

Monitoring data (optional)

Please tell us this information **if you want to**

This information helps us make our services **as inclusive and welcoming** as possible

Gender

Ethnicity

Religion or Faith

Sexuality

Emergency contact information

Name

Phone number

Relationship to you

Any other medical information