



Bromley Touch Base

Easy Read Self Referral

Form



You can use Touch Base if

- You are **over 18** years old
- You live in **Bromley 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 **Bromley 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. If there are **no risks**, please **write "no risk"** 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

such as disabilities, allergies, and other medical conditions