



Advocacy for Bromley
The Civic Centre
St Mary's Road
Swanley
BR8 7BU
Web: <http://advocacyforbromley.org>
Tel: 0345 310 1812

Bromley Community Mental Health Service Referral Form

Bromley Community Mental Health Service Eligibility Criteria:

To be eligible for this service each criteria below needs to met. Please tick all that apply to you/client

- ☐ Adult (over 18 years of age)
- ☐ Bromley resident
- ☐ Receiving treatment by professionals in the community for a mental health condition, for example from a Gp, mental health teams.
- ☐ No family member or friend to act as an appropriate person to facilitate the individual's involvement in the decision making about their care and support.

If you feel unsafe and need urgent help, please call 999 immediately

How to contact us

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

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

Tel: 0345 310 1812 and option 2 for referrals

Send referral by Email	referrals@advocacyforall.org.uk	Send referral by Post	The Civic Centre, St Mary's Road, Swanley BR8 7BU
Client information			
Full name		Date of birth	
Your address at the time of referral		Age	
Your permanent address		Disability/impairment Please tick all that apply	ADHD ☐ Autism (ASC) ☐ Cognitive Impairment ☐ Learning Disability ☐ Mental Health ☐ Physical disability ☐ Sensory (Hearing) ☐ Sensory (Sight) ☐ Serious Physical illness ☐ Any Other ☐
Your Location at the time of referral	Own Home ☐ Residential Home ☐ Nursing Home ☐ Supported Living ☐ Independent Living ☐ Sheltered Housing ☐ Living With Parents ☐ Shared Lives ☐ Other ☐	Care Manager, Social Worker or Mental Health Support Worker details	Name: Telephone:
Telephone		Funding area	

Mobile		Emergency Contact Relationship:	
Email		Emergency Contact Name:	
		Emergency Telephone Number:	
Gender	Choose an item. Other (please describe how the client identifies, identifies as female and transgender) Click or tap here to enter text.	Religion	
Sexuality	Other (please describe how the client identifies, identifies as female and transgender) Click or tap here to enter text.	Language:	
Ethnicity			

Referrer information (do not complete if self-referral)			
Name of Referrer		Address	
Relationship to person for example, key worker, social worker, family member		Telephone	
		Email	
Referral issue – please give a brief outline of the reason advocacy is required. Click or tap here to enter text.			

Are there any risks we should be aware of when visiting or arranging to meet the client?

If you are not aware of any risks, please write 'no known risks'

Click or tap here to enter text.

How did you hear about us?

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Charity No: 1068455

Company No: 3407428

