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

Tel: 0345 310 1812

Email: referrals@advocacyforall.org.uk

Web: www.advocacyforall.org.uk

Spot Purchase Advocacy 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 cannot complete this form, then please click view then edit.

Referral form to be completed and returned to Advocacy for All by **Professionals only** (no self-referrals)

Please complete form fully and email to: referrals@advocacyforall.org.uk

Please select below type of service you wish to commission

Statutory advocacy (Please tick)

- ☐ **Rule 1.2**
- ☐ **Care act** Needs Assessment
- ☐ **Care act** Preparing a Care / Support Plan
- ☐ **Care act** Review of Care / Support Plan
- ☐ **Care act** Preparing a Carers Care / Support Plan
- ☐ **Care act** Review of Carers Care / Support Plan
- ☐ **Care act** Child's transition to adult services assessments
- ☐ **Care act** Safeguarding enquiry
- ☐ **Care act** Safeguarding review

For Care Act referrals please also tick that the client meets the below eligibility criteria:

Client has substantial difficulty engaging in the Care Act process ☐

There is no one appropriate and available to support and represent the clients wishes ☐

Non-statutory advocacy (Please tick)

- ☐ **Parenting**
- ☐ **General advocacy**
- ☐ **Children's advocacy**

Created 17/04/2024

Date of referral:

Referrers Name:

Job title:

Organisation:

Address including postcode:

Tel:

Mobile:

Email:

Team Manger Name:

Tel:

Email:

Funding Authority:

How did you hear about Advocacy For All:

Client Title:

Client name:

Reference number:

Date of birth:

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

Tel:

Client location: Please Select

Is this a first referral? Please Select

Impairment/disability: Please Select

Other disability:

Ethnicity: Please Select

Religion/Faith: Please Select

Gender: Please Select

Sexuality: Please Select

Language: Please Select

Clients term for self: (please describe how the client identifies, i.e. identifies as female and transgender)

Please state reason for referral, whether there are any planned meetings taking place and/or any other relevant information:

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

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.