



Advocacy for All

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Website: www.advocacyforall.org.uk

Sutton Resilience Project London Borough of Sutton



Sutton
Resilience
Project

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 Sutton Resilience project is an integrated, trauma-informed, resilience advocacy service that empowers Sutton residents to move beyond crisis towards financial stability, wellbeing and independence. AfA will provide a dedicated Advocacy Resilience Officer to support adults who are receiving treatment by professionals in the community for a mental health condition (up to two months). Please tick below to confirm you meet the eligibility criteria.

Eligibility Criteria

The Sutton Resilience Project is designed to provide support to those who:

- Are aged 18 or over ☐
- Live in the London Borough of Sutton ☐
- Have a written diagnosis of mental health ☐

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

Once completed send to **referrals@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:

Pronouns:

Date of Birth:

Address:

Postcode:

Landline:

Mobile:

Email:

Please select ALL those which apply:

I am struggling with my finances ☐

I am struggling with my housing ☐

I am struggling with mental health difficulties ☐

I am transitioning from detention under the Mental Health Act ☐

I have been discharged from Community Treatment order ☐

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:

Language:

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 Sutton Resilience Project ? We cannot help with any legal issues or tribunals (around housing and finances).

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?	Please choose	Issues with alcohol or substance misuse?	Please choose
Concerns about self-harm?	Please choose	Difficulties controlling anger or violence?	Please choose
Criminal charges?	Please choose	Restrictions on accessing some services or locations?	Please choose
Criminal convictions?	Please choose	Other risks that we may need to know about?	Please choose

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?	Yes
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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 Sutton Resilience Project 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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