Hampshire Advocacy

Community Advocacy Referral Form

Person who needs advocacy:

Name:	Date of birth:
Address:	
Telephone:	Mobile:
Email:	Ethnic background:

Person making referral:

Is this a self-referral? Yes/No (If yes, leave box below blank)

Name:	
Relationship to Individual:	
Organisation (include Locality and Team):	
Telephone:	Email:
Does the person know/ consent to this referral? Yes/No	

Is the referral in relation to:

Mental Health Are you/ they receiving a mental health service?	
Older Person	
Under 65 with Dementia	
Learning Disability	
Self Advocacy	
Hospital Discharge	
Parents with a Learning Disability Any Children in Care Proceedings?	
SEND Support for 14-25yrs EHC Plan	
Other (please specify)	

Is there anything else we should know about the person? i.e. how to make contact; special needs with communication?

Any risks or behaviours that may affect lone working:

Registered Charity No. 1124359 Company number: 6050515
Website: www.hampshireadvocacy.org.uk

Hampshire Advocacy

Details of situation and type of support required:

Timescales or deadlines involved:

Hampshire Advocacy Service delivers advocacy provision as a partnership of five organisations. We have a commitment to work together to provide a seamless service for individuals. As part of this, we may need to share individual information across the partnership. We are committed to ensuring that this is done only where necessary, with your permission where possible, with management agreement and according to our sharing protocol guidelines.

Signed.....
Date.....

Please return completed form to us:
By email to info@hampshireadvocacy.org.uk
By fax to 023 8020 8954
By post to c/o Solent Mind, 28 The Avenue, Southampton, SO17 1XN
Telephone enquiries 023 8020 8951