



**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:

**Consent**

Do you/the person consent to their information in this referral being kept by us and shared with the most appropriate advocacy organisation within the Hampshire Advocacy consortium?	<b>YES / NO</b> Details
If the person does not have capacity to consent to share, do you consider it in their best interests for their information in this referral to be kept by us and shared with the most appropriate advocacy organisation within the Hampshire Advocacy consortium?	<b>YES / NO</b> Details of best interests decision
Please explain if you have had difficulties with consent for this referral	

**Is the referral in relation to:**

Mental Health	
Older Person (over 65 years of age)	
Autism	
Learning Disability	
Physical disability	
Sensory disability	
Other (please specify)	

Are you/the person currently under a mental health service? (eg. Mental health team, wellbeing centre)	Yes/No
Do you/ does the person have support with their issue from family, friends, community services?	Yes/No
Do you/does the person currently have an Advocate?	Yes/No
If Yes please give name, organisation and contact details:	
Do you/does the person have health and social care services currently?	Yes/No
If yes please give details including AIS/NHS number:	
If yes do you/the person give permission for the service provider to be contacted about this referral?	Yes/No

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

**Any risks or behaviours that may affect lone working:**

**Details of situation and independent advocacy 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 co ordinated 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 information sharing protocol guidelines.

Signed.....

Date.....

**Please return completed form to us:**

By email to [advocates@easthantsmind.org](mailto:advocates@easthantsmind.org)

By fax to 023 92481886

By post to Havant & East Hants Mind, Leigh Park Community Centre,  
Dunsbury Way, Havant PO9 5BG

Telephone enquiries 023 92484422

Registered Company number: 11056120  
Website: [www.hampshireadvocacy.org.uk](http://www.hampshireadvocacy.org.uk)