



Referral Form

Person who needs advocacy:

Name:	Date of birth:
Hospital Address:	Home Address:
Telephone:	Mobile:
Is it ok to leave a message? Yes / No	
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

Does 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?	YES / NO 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?	YES / NO Details of best interests decision
Please give details if you have had difficulties with consent for this referral	

IMHA

Are you/ they detained?	
If detained what section are you/ they detained under?	
What date were you/ they sectioned?	

If not detained are you/ they liable to be detained under the MHA?	
Are you/they subject to a Community Treatment order?	
Are you/they subject to a guardianship order?	
Are you/they conditionally discharged?	
Are you/they considering treatment under S57	
Are you/they under 18 and considering the use of ECT?	

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:

Details of situation that require IMHA involvement:

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:

Where possible please pass referral directly to the local advocacy organisation in line with the existing arrangements within the hospital

For referrals in North, West and South Hampshire (Solent Mind):

By email to advocacy@solentmind.org.uk

By fax to 023 8020 8954

By post to Solent Mind, 28 The Avenue, Southampton, SO17 1XN

Telephone enquiries 023 8020 8951

For referrals in East and South East Hampshire (Havant & East Hants Mind):

By email to advocates@easthantsmind.org

By fax to 023 92484422

By post to Havant & East Hants Mind, Leigh Park Community Centre,

Dunsbury Way, Havant PO9 5BG

Telephone enquiries 023 92498916

Registered Company number: 11056120
Website: www.hampshireadvocacy.org.uk