

Referral Form for Advice and Advocacy Service

Please complete this form to refer a client to the Advice Team regarding welfare benefits, advocacy and housing, using **BLOCK CAPITALS** and **BLACK INK**; this information must be entered **ONLY** by a **MENTAL HEALTH PROFESSIONAL**

Referrer's Information:

Referral Date: - - DD/MM/YY Job Title: _____
 Name: _____
 Address line 1: _____
 Address line 2: _____
 Address line 3: _____ Post Code: _____
 Contact Number:
 E-mail address: _____

Please tick **ALL** relevant boxes and fill out all the information **ACCURATELY** and **CORRECTLY** regarding the client before sending the referral form, if certain fields are not filled out correctly this can slow the referral process, this also helps us to assess the priority of the client

Client's Information:

Title: Mr Miss Mrs Ms Other: (Please State) _____
 Forename: _____
 Surname: _____
 Date of birth: - - DD/MM/YYYY
 Address line 1: _____
 Address line 2: _____
 Address line 3: _____ Post Code: _____
 Contact Number:
 E-mail address: _____

Please indicate if client is unable to climb stairs due to a mobility issue: Yes No

Emergency Contact Information:

Next of Kin Carer Other (Please State) _____
 Name: _____ Relationship: _____
 Address line 1: _____
 Address line 2: _____ Post Code: _____
 Contact Number:

Data Protection Act 1988
Client data collected by Mind in Enfield will be used for administrative purposes only, within Mind in Enfield. The data will not be disclosed to any other organisation. Mind in Enfield accepts the responsibility of protecting your data. The information provided will be completely confidential.

Please note that Mind in Enfield cannot arrange for an interpreter to be present at an appointment. However, an interpreter may accompany the client to their appointment.
Please indicate if the client requires an interpreter Yes No

Please state any potential risks that this person may present. If this information is not completed fully The Advice Team WILL NOT offer an appointment to people referred to the service if the following information is NOT COMPLETED FULLY

Is the client aggressive? Yes No
Is the client violent? Yes No
Is the client a behavioural risk? Yes No

If you have answered yes to any of the questions above and/or you have other concerns about the client, please give a brief description here

Please note a client who presents any of the above concerns will need to be accompanied to their appointments by the person making this referral or another appropriate person
Please indicate that you agree to this Yes No

Please continue to the next sheet to fill out the services that the client requires

WELFARE BENEFITS SERVICE

Please indicate the type of assistance required

Employment Support Allowance
Housing Benefit/ Council Tax Benefit
Personal Independent Payment

Other Welfare Benefits Issue(s)
Welfare Benefits Entitlement Check

Please note we are unable to assist client's appeals unless we assisted with the original application.

ADVOCACY SERVICE

Please indicate the type of assistance required

Access to Information
Accompaniment to CPA/MHT
Care / Treatment Plan
Litigation Friend
Marital / Relationship Dispute

Mental Health Act info
Other (Please State)

HOUSING SERVICE

Please indicate the type of assistance required

Homelessness
Housing Disrepair
Housing Repossession

Other (Please State)

Equal Opportunities Data

Disability: Hearing Impairment Learning Disability Mental Health Issue
 Mobility Impairment Other Disability Visual Impairment

Ethnicity: _____

Please send the completed form by post or fax:

The Advice and Advocacy Service, Mind in Enfield, 275 Fore Street, Edmonton, London N9 0PD

Fax No. 020 8887 1481

Once received we will contact the person referred and offer an appointment. If you have any enquiries about the referral that you have made, please contact the Advice and Advocacy Service Administrator on 0208 887 1498 or adviceteam@mind-in-enfield.org.uk