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| For office use only | I.D. |  |



**Hello life! Referral Form**

**Please complete as many of the boxes as possible to ensure there are no delays to the referral**

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| Date of referral |  |

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| **Client information** |
| Verbal consent received  | YES |  | NO |  | Data Protection Statement read and understood | YES |  | NO |  |
| Title (Mr, Mrs, Ms, etc.) |  | Gender |  |
| First Name |  |
| Surname |  |
| Date of birth |  |
| Home address  |  |
| Post Code  |  |
| Telephone number |  |
| Mobile Number  |  |
| Email |  |
| National Insurance Number |  |
| NHS Number |  |
| Local Authority Number |  |
| NOK / Emergency contact name  |  |
| NOK / Emergency contact relationship |  |
| NOK / Emergency telephone number  |  |

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| **Preferred method of contact** |
| Telephone |  | Mobile |  |
| Text |  | Email |  |
| Post |  | Any |  |

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| **Describe the current circumstances and what support is needed from the Hello life! service** |
|  |

**Please Note:** unfortunately we are unable to assist any persons who lack mental capacity/and or physical ability to access activities independently. Any persons with care needs will need their carer in attendance.

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| **Mobility – Please advise** |
| **Has capacity been assessed? YES/NO If yes, what is the outcome?** |
| **Additional information –** *e.g. social worker involvement, housing info, mental health or medication conditions, info for lone workers, etc.* |
| **Doctor’s Name and Address** |

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| **Referrer’s details** |
| First name |  | Surname |  |
| Organisation |  | Job Title |  |
| Telephone |  | Mobile |  |
| Email |  |

|  |
| --- |
| **Signature of referrer** |
|  |

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| **Monitoring Information** |
| **Ethnicity** |  |
| **Sexual Orientation** |  |
| **Religion** |  |

Please email the completed form to: advocacy@southessexadvocacy.org

Or post to: Southend Advocacy Hub

 Unit 2, 225-235 West Road

 Westcliff-on-Sea

 Essex SS0 9DE