

Bristol Mind Outreach Advocacy

35 Old Market Street

Bristol

BS2 0EZ

Tel: 0117 980 0376
Email: advocacy@bristolmind.org.uk
Fax: 0117 929 6587

 **REFERRAL FORM FOR OUTREACH ADVOCACY**

* This service is for people living in the community currently not subject to the Mental Health Act.
* We are an issue-based Advocacy Service; we do not provide general support.
* We do not give advice and cannot complete benefit application forms.
* We only assist people in the local authority area of Bristol (not South Glos or North Somerset Local Authorities)
* Please be aware that the person referred will have access to this form.

|  |  |
| --- | --- |
| Name of client |  |
| Address |  |
| Tel No |  |
| Email  |  |
| Reason for Referral |  |

|  |  |
| --- | --- |
| **This person has agreed to be referred (please tick)** *Please ensure they know that we will be contacting them*  |  |

|  |  |
| --- | --- |
| Name of referrer |  |
| Relationship to client  |  |
| Contact details  |  |
| Date  |  |

**PLEASE EMAIL, POST OR FAX THIS FORM TO US USING THE CONTACT DETAILS AT THE TOP OF THIS FORM**



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