**Bristol Mental Health Advocacy Self-Referral Form**

**SWAN supports patients in need of advocacy on Mental Health Wards and people who are under Mental Health Sections in the community of the Bristol.**

**PLEASE NOTE:**

**SWAN can only accept a referral if the person needing an advocate has given their consent.**

***Please ensure you have signed the consent form for us to proceed with your referral.***

|  |  |  |
| --- | --- | --- |
| **Your information** | | |
| Name: | Date of birth: | |
| Address at point of referral (eg. Hospital)  Postcode:  Phone no at point of referral: | **Please tick your Primary Vulnerability:**   * Learning Disability * Older Person (Over 60) * Physical Impairment * Acquired Brain Injury * Mental Health Needs, please describe; * Significant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Low Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Dementia * Carer * Autistic Spectrum Disorder * Sensory Impairment * Long term health condition * Chaotic Lifestyle | |
| Home address (if different from above):  Postcode:  Home phone no:  Email Address: |
| **Are you:**   * An informal inpatient on a Mental Health ward in Bristol. | | **Are you:**   * Detained under MHA Section 2 * Detained under MHA Section 3 * Subject to a CTO * Subject to a Guardianship Order * Subject to a restricted conditional discharge * Considered for Section 57 Treatment * Under 18 & considered for ECT * Under 18 and considered for Sec 58A |
| Do you have any communication needs we should consider when visiting?  (Would you like your advocate to use easy read, or pictures? Would you need any information translated into another language? Do you need an interpreter?) | | |
| Are there any risks that we should be aware of when visiting or arranging to meet with you eg. Pets at the home, Substance/Tobacco use, Behavioural issues, Neighbourhood concerns, Other members of the household: | | |
| **Please state briefly what you feel the advocacy issue to be:** | | |
| **Are there any deadlines or important meeting dates?** | | |
| **CONSENT Due to the Data Protection Act 1998, we need signed authorisation to say that you agree to SWAN holding personal information (including the information provided on this referral)** | | |
| **Signed Date** | | |

**The information on this page is required for service monitoring purposes only**

**Please tick as appropriate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnic Origin** | | **Religion or Belief** | | **Language** | |
| **White** |  | Bahi |  | What is your first language? | |
| English/Welsh/Scottish/Northern Irish/British |  | Buddhism |  |  | |
| Irish |  | Christianity |  |
| Gypsy or Irish Traveller |  | Hinduism |  | **Carers** | |
| European |  | Humanism |  | Do you provide care for anyone who has a form of disability or terminal illness? | |
| **Mixed/Multiple ethnic groups** |  | Islam |  | Yes |  |
| White and Black Caribbean |  | Judaism |  | No |  |
| White and Black African |  | Paganism |  | Prefer not to say |  |
| White and Asian |  | Sikhism |  |  |  |
| **Asian/Asian British** |  | Other |  |  |  |
| Indian |  |  |  |  |  |
| Pakistani |  | Prefer not to say |  |  |  |
| Bangladeshi |  |  |  |  |  |
| Chinese |  |  |  |  |  |
| **Black** |  |  |  |  |  |
| Black African |  |  |  |  |  |
| Black British |  |  |  |  |  |
| Black Caribbean |  |  |  |  |  |
| Black Other |  |  |  |  |  |
| **Other Ethnic Group** |  |  |  |  |  |
| Arab |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | | **Sexuality** | |
| **Do you identify as:** |  | **Do you Identify as:** |  |
| Male |  | Queer |  |
| Female |  | Bisexual |  |
| Trans Man |  | Pansexual |  |
| Trans Woman |  | Gay |  |
| Intersex |  | Lesbian |  |
| Non-Binary |  | Heterosexual |  |
| Genderqueer |  | Asexual |  |
| Other |  | Other |  |
| Prefer not to say |  | Prefer not to say |  |