



Advocacy for Mental Health and Dementia (A4MHD)

Tel: 0113 247 0449

Fax: 0113 247 0448

Referral Form

Advocacy is free, independent and confidential. We will not speak to anyone else about your request until we have checked with you. We will contact you as soon as possible after receiving this form.

Date:

Details of person requiring an advocate

Name:

Address where we can contact you:

Telephone number:

How would you like us to contact you?

Issues you want an advocate to help with:

What is your preferred language?

Are you Female Male

How old are you?

How do you describe your ethnicity?

If you are making this referral on behalf of someone else please give us your contact details.

Name:

Address:

Telephone number:

How do you know the person?

Does the person know you have made this referral? Yes No

This form should be returned to:

A4MHD
Centenary House
59 North Street
LEEDS
LS2 8JS