**Community DoLS/1.2 Rep Referral Form**

In making this referral, we assume you are preparing an application to the Court of Protection for a community DoLS because the person:

* is living somewhere other than a care home or hospital
* is not free to leave and is subject to complete or continuous supervision and control
* has been assessed as lacking capacity to consent to this
* does not have a friend or family member who can take on the role.

***The current care and support plan and draft COP11 (if available) should be attached to this referral.***

Depending on the geographical location of your client, you may be asked to complete a Spot Purchase

Agreement for payment of our work.

**If this is NOT the case, please call us on 0330 440 9000 and ask to speak to the local team.**

***If completing online, click once on relevant box to check. Write in text fields, where required.***

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| **Date of Referral:** |
| **Professional Referrer’s Details** |
| **Referrer First Name:**  | **Last Name:** |
| **Organisation:**  |
| **Job Title or Relationship to Client:** |
| [ ]  Social Worker (Community) [ ]  Social Work Assistant [ ]  Team Manager Social Care [ ]  Care Manager [ ]  Administrator [ ]  Other       |
| **Address:** |  |
| **Postcode:** |
| **Tel No:** | **Mobile No:** |
| **Email:** |

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| **Main Disability** Is there a **main** disability or impairment considered particularly relevant to this case? |
| Check **ONE** box only |
| [ ]  Mental Health Condition[ ]  Physical Disability [ ]  Sensory (Hearing) [ ]  Sensory (Sight)  | [ ]  Asperger’s /Autism Spectrum Condition [ ]  Cognitive Impairment [ ]  Acquired Brain Injury[ ]  Serious Physical Illness | [ ]  Learning Disability[ ]  Dementia / Alzheimer’s[ ]  Unconsciousness[ ]  **NO** |

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| **Client Information**  |
| **Title:** [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Other | **First Name:** **Last Name:**  |
| **Date of Birth:**  |
| **E-mail** |
| **Telephone No.** | **Mobile No.** |
| **Preferred method of contact:** |
| [ ]  Any [ ]  Telephone [ ]  E-mail [ ]  Post [ ]  Mobile Phone [ ]  Text [ ]  Cannot be contacted directly |
| **What is the Client’s primary communication method?** Not known   |
| [ ]  Spoken English [ ]  Other Spoken Language (specify)[ ]  British Sign Language (BSL) [ ]  Other (specify)[ ]  Words/Pictures/Makaton [ ]  No obvious means of communication[ ]  Gestures/Facial Expressions/Vocalisations[ ]  Not known   |
| **Is English Spoken?** [ ]  Yes [ ]  No |
| **Military Connection**  |
| [ ]  Yes, Serving [ ]  Yes, Veteran [ ]  Yes, Carer relationship[ ]  No [ ]  Not known [ ]  Prefers not to say |
| **Permanent Address:**  |  |
| **Postcode:** |
| **Gender** [ ]  Male [ ]  Female [ ]  Transgender F to M [ ]  Transgender M to F[ ]  Prefers not to say [ ]  Other (specify)   |
| **Sexual Orientation**  |
| **[ ]** Lesbian [ ]  Gay Man [ ]  Heterosexual [ ]  Bisexual [ ]  Questioning [ ]  Not known [ ]  Prefers not to say[ ]  Other (specify)  |
| **Marital or Civil Partnership Status**  |
| [ ]  Single [ ]  Separated (but still legally married / in civil partnership)[ ]  Co-habiting [ ]  Divorced or Civil Partnership Dissolved[ ]  Married [ ]  Widowed [ ]  In Civil Partnership [ ]  Surviving partner of Civil Partnership[ ]  Not known [ ]  Prefers not to say  |
| **Religion or Belief** |
| [ ]  Buddhist [ ]  Christian (all denominations) [ ]  Hindu[ ]  Jewish [ ]  Muslim [ ]  Sikh[ ]  No Religion [ ]  Not known [ ]  Prefers not to say[ ]  Other (specify)  |

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| **Ethnic Background** |
| **White**[ ]  British[ ]  Irish[ ]  Gypsy or Irish Traveller[ ]  Any other White background (specify)**Mixed Ethnic Groups**[ ]  White & Black Caribbean[ ]  White & Black African[ ]  White & Asian[ ]  Any other Mixed ethnic background (specify)**Black / Black British**[ ]  African[ ]  Caribbean[ ]  Any other Black/African/Caribbean background (specify) | **Asian / Asian British**[ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Any other Asian background (specify)**Other Ethnic Group**[ ]  Arab[ ]  Any other ethnic group (specify)[ ]  Ethnicity not known[ ]  Prefers not to say |
| **Does the Client identify themself as Cornish? [ ]** Yes [ ]  No [ ]  Not known |
| **Does the Client consider themselves to have a disability?**  |
| [ ]  Yes [ ]  No[ ]  Not known [ ]  Prefers not to say   |
| **What types of disability or impairment does the Client have?** Select **ALL** that apply |
| [ ]  Mental Health Condition [ ]  Acquired Brain Injury[ ]  Physical Disability [ ]  Serious Physical Illness[ ]  Sensory (Hearing) [ ]  Learning Disability[ ]  Sensory (Sight) [ ]  Dementia / Alzheimer’s[ ]  Asperger's / Autism Spectrum Condition [ ]  Unconsciousness[ ]  Cognitive Impairment [ ]  Other (specify)    |

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| **Client Location Details**  |
| **Client’s current location:** [ ]  Own Home [ ]  Dementia Ward [ ]  Hospital[ ]  Own Home with Support [ ]  Care / Nursing home [ ]  Homeless[ ]  Supported Living [ ]  Prison [ ]  No Fixed Abode[ ]  Acute Psychiatric Unit [ ]  Forensic Secure Unit [ ]  Other Institution |
| **Is Client currently at their permanent address?** [ ]  Yes [ ]  No (If No, give details below) |
| **Current Address:**  |  |
| **Postcode:** |
| **Telephone No.** |

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| **Community DoLS/1.2 Rep Referral Details** |
| **Please confirm which of the following documents have been attached:** | [ ]  Current care and support plan[ ]  Draft COP11 |
| **Please indicate if this is a:** [ ]  First Referral [ ]  Renewal |
| **Please give details of any known risks the advocate should be aware of**If you are not aware of any risks, please write ‘no known risks’ |
| **Who should we contact to make arrangements to visit the client?**Name: Role: Contact number(s): Email address:  |
| **In preparing an application to the Court, the expectation is that the 1.2 Rep will:**  |
|  | * Have initial discussion with professionals and visit the client
* Attend a Best Interests meeting *(N.B. if this has already taken place, the 1.2 Rep should be provided with the minutes and most recent care and support plan)*
* Prepare a COP24 Witness Statement
* Prepare the COP11 Annex C
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| Whilst awaiting the Court Order, some Local Authorities (e.g. Kent) require regular client contact / visits (normally 6-8 weekly). Please check this box if this is a requirement [ ]  and indicate frequency here: |
| Whilst the Court Order is in place, the 1.2 Rep will make regular contact / visits every 6-8 weeks unless otherwise specified here:  |
| Around 8 weeks prior to the end of the Court Order, the 1.2 Rep will notify the applicant authority that a further referral is needed to begin the renewal work and a new case will be created. |
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**Declaration:**

* I declare that I wish to instruct a Community DoLS/1.2 Rep.
* I am providing this information and making this referral in relation to the Mental Capacity Act 2005.
* In accordance with current Data Protection legislation, I agree to The Advocacy People and their delivery partners holding personal information (including information on this form).
* I understand the provision of an advocacy service is subject to the client meeting eligibility criteria.

**Please e-mail the completed form to** info@theadvocacypeople.org.uk

 or post to P.O. Box 375, Hastings TN34 9HU

If you have not received confirmation of this referral within 2 working days, or you would like to discuss any aspects of a referral, please call **0330 440 9000**

By requesting advocacy support, you give consent to The Advocacy People sharing information, as required for the purposes of providing the service. For more information on our Privacy Policy, please ask your advocate or go to [www.theadvocacypeople.org.uk/privacy](http://www.theadvocacypeople.org.uk/privacy)

**Confidentiality:**

Communications between you and The Advocacy People are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g. where you tell us something which leads us to believe you or someone else may be at risk of serious harm or abuse or committing a serious criminal offence, where there is a court order for disclosure, or where we would be breaking the law by failing to disclose.

All records are held by The Advocacy People in accordance with current Data Protection legislation.