**Community / Generic / Non-statutory Advocacy Referral**

Referrals can only be accepted if the person needing an advocate has given their consent. If you believe they do not have the capacity to consent, please give brief details in the ‘Additional Information’ section of this form on page 4.

**If you need help with this form, call us on 0330 440 9000 or Text PEOPLE to 80800**

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

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| **Date of Referral:** |
| **Referrer’s Details** |
| **Referrer First Name:**  | **Last Name:** |
| **Are you referring on a Professional basis?** [ ]  Yes [ ]  No |
| **Organisation** (write ‘none’ if not applicable)  |
| **Job Title** (if applicable) |
| **Relationship to Client** (check **ONE** box only) |
| [ ]  Doctor | [ ]  Psychiatrist | [ ]  Ward Manager |
| [ ]  Care Manager | [ ]  Care Home Manager | [ ]  Team Manager Health |
| [ ]  Nurse / Health Professional | [ ]  Social Worker (Hospital) | [ ]  Social Worker (Community) |
| [ ]  Team Manager Social Care | [ ]  Administrator | [ ]  Carer |
| [ ]  Parent | [ ]  Child | [ ]  Spouse |
| [ ]  Partner | [ ]  Other Relative | [ ]  Neighbour |
| [ ]  Friend | [ ]  Other (specify)  |
| **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**  |
| If any condition not listed is significant to the case, please call us on 0330 440 9000 |
| **Client Information**  |
| **Title:** [ ]  Mr [ ]  Mrs[ ]  Ms [ ]  Other | **First Name:** **Last Name:**  |
| **Date of Birth:**  |
| **Permanent Address:**  |  |
| **Postcode:** |
| **Telephone No.** | **Mobile No.** |
| **E-mail** |
| **Preferred method of contact:** |
| [ ]  Any [ ]  Telephone [ ]  E-mail [ ]  Post [ ]  Mobile Phone [ ]  Text [ ]  Cannot be contacted directly |
| **Does the client consider themselves to have a disability?****Does the Client consider themself 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)  |
| **What is the Client’s primary communication method?**[ ]  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 |
| **Gender** [ ]  Male [ ]  Female [ ]  Transgender F to M [ ]  Transgender M to F[ ]  Prefers not to say [ ]  Other (specify)   |
| **Does the Client identify themself as Cornish? [ ]** Yes [ ]  No [ ]  Not known |
| **Sexual Orientation**  |
| **[ ]** Lesbian [ ]  Gay Man [ ]  Heterosexual [ ]  Bisexual [ ]  Questioning [ ]  Not known [ ]  Prefers not to say [ ]  Other (specify)  |
| **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 |
| **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)  |
| **Military Connection****oes the Client have a Military connection?**  |
| [ ]  Yes, Serving [ ]  Yes, Veteran [ ]  Yes, Carer relationship[ ]  No [ ]  Not known [ ]  Prefers not to say |

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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 |

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| **Is Client currently at their permanent address?** [ ]  Yes [ ]  No (If No, give details below) |
| **Current Address:**  |  |
| **Postcode:** |
| **Telephone No.** |
| **Ward Name (if in Hospital):** |

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| **Advocacy Referral Details** |
| **Local Authority (Council) of Client Location:**  |
| **Does the person requiring an advocate give their consent to the referral?**[ ]  Yes [ ]  Unable to Consent (give brief details under ‘Additional information’)  |

**Main Referral Issue** (e.g. benefits, housing, finance, complaint, health, social care, access to services, family, caring role etc.)

(Please note, not all issues are supported in all areas. To check, please call 0330 440 9000)

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| **Additional Information (about the client)**  |
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 **Best time to contact the client?**

|  |  |  |
| --- | --- | --- |
| [ ]  Morning | [ ]  Afternoon | [ ]  Morning or Afternoon |

 **Are there any dates when the client can’t be contacted?**

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 **Does the client have any special needs we should consider when contacting or visiting?**

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**Are there any risks we should be aware of when visiting or arranging to meet the client?**

If you are not aware of any risks, please write 'no known risks'

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**Are there any deadlines or important meeting dates?**

If this is within 3 working days of now, an advocate will probably **not** be there

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**What help is needed from an Advocate?**

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| **May we contact the client directly?** [ ]  Yes [ ]  No |

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| **Emergency Contact Name:**  |
| **Emergency Telephone Number:** |
| **Emergency Contact Relationship:** |

Data Protection law says we need to make sure you agree that we can keep personal information about you.

**Declaration:**

* I wish to request advocacy support from The Advocacy People.
* I understand that client information will be stored safely on a computer.
* I confirm that I am either a self-referring client or I have consent from the client to make the referral, or I have the authority to make the referral for the client.
* 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 heard from us within 3 working days, please contact The Advocacy People on **0330 440 9000** or Text **PEOPLE** to **80800** (followed by your message)

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.