**Referral Form for Independent Advocacy**

From 1st October 2019 referrals

for **general advocacy** for

* **Adults 18 to 65 go to Taking Part**

(email: takingpart@takingpart.co.uk)

* **Adults 65+ to go AgeUK**

(email: advocacy@ageukstw.org.uk)

* **ALL referrals for Advocacy Under the Care Act** go to **Taking Part**

 (email: takingpart@takingpart.co.uk)

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| Referrer Contact Details |
| Name of person making referral: |
| Date: |
| Job Title:  | Team: |
| Telephone Number: | Email Address: |

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| The person requiring Advocacy (please complete all sections) |
| Name: | Date of Birth: |
| Address:Postcode: |
| Telephone Number: | Email: |
| Male | Female | Transsexual  | Transgender | Prefer Not to say |
| Lesbian | Gay | Heterosexual | Bisexual | Prefer Not to say |
| Asian or Asian British | Black orBlack British | Mixed | White | Other Ethnic Group |

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| Client Consent  |
| Have you discussed this referral with the person being referred? (Where appropriate)?  |
| Has the person agreed to this referral being made? (Where able to) |
| How was consent obtained? (If applicable) |
| Privacy Statement (needed Under GDPR): I agree for my personal data to be recorded and stored and shared as appropriate for the purpose of this referral:  |

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| Type of Advocacy Required (please circle/highlight) |
| Advocacy Under the Care Act (see below)\* | General Advocacy |

**Please not that all referrals for Advocacy Under the Care Act are sent to Taking Part**

**\*Advocacy Under the Care Act – Additional Information required – Must Be Completed**

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| Who is the referral for? (please tick/circle/highlight) |
| An adult with care and support needs | A carer with support needs |
| What does the person require support with? (please tick/circle/highlight) |
| Assessment | Care & Support Planning | Review |
| Safeguarding Enquiry | Safeguarding Adult Review Process |
| I confirm that there is no one appropriate to facilitate the persons active involvement:  |

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| Nature of Substantial Difficulty (please tick/circle/highlight all that apply) |
| Understanding relevant information: | Retaining information: |
| Using or weighing up information: | Communicating their views, wishes and feelings: |
| Client Vulnerabilities (please tick/circle/highlight all that apply) |
| Learning Disability | Autism/Asperger’s | Mental Health | Physical Disabilities |
| Sensory Impairment | Head or Brain Injury | Dementia | Substance Misuse |
| Frail/Older Person | End of Life | Other - Please state: |
| Additional Client Information |
| How does the client communicate? |
| Are there any risks posed to the advocate – such as lone working, gender preference? |
| Additional Information about Referral |
| Reason for referral – please provide as much information as possible including details of any other additional support required (people or aids) or environment for any meetings (surroundings or place) and any information regarding critical dates or deadlines:  |

For Taking Part/AgeUK Use only:

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| Advocacy Actions and Outcomes |
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| Received Quarter: | Referral No: | Closed Quarter: |
| Date Allocated:   | Date Closed: |
| Time spent (number of hours):  |
| Signature of Advocate:   | Date: |
| Date Recorded on database: | Date returned to referrer: |