 **Care Act Advocacy – Referral Form**

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| Is the referral urgent?  Urgent: **exceptional cases**, e.g.hospital discharges, certain safeguarding cases. | Urgent (include reason here) |  |
| Does person have substantial difficulty being involved? | Yes  No - advocacy referral not required |  |
| Is there an appropriate individual who can support the person? | Yes – advocacy referral not required  No |  |
| Does the person consent/want an independent advocate involved? If the person does not have capacity to make this decision has a best interest decision been made? | Yes  No – advocacy referral not required |  |
| What is independent advocacy required for? | * a needs assessment * a carer’s assessment * the preparation of a care and support or support plan * a review of a care and support or support plan * a safeguarding enquiry * a safeguarding adult review |  |
| If advocacy required for following for someone under 18 years refer to: Contact IRS (0191) 2772500 for initial discussion | * a child’s needs assessment * a child’s carers assessment * a young carers assessment |  |
| **Referrer Details** |  | |
| Referrer Name |  | |
| Referrer Job Title |  | |
| Referrer Team |  | |
| Referrer Phone |  | |
| Referrer email |  | |
| **Client Details** | Male:  Female: | |
| Name of Person referred |  | |
| Primary care need |  | |
| Preferred method of communication |  | |
| Risks advocate needs to be aware of? | Yes  (attach detail); No ;  Not assessed yet (no known risks) | |
| Ethnicity (as Carefirst) |  | |
| Religion (if known) |  | |
| Where are they Currently?  full address and postcode |  | |
| Type of accommodation |  | |
| Telephone Number where they are |  | |
| Date of birth |  | |
| Usual address |  | |

Fax form to: **Your Voice Counts** fax: (0191) 477 8559; telephone (0191) 4786472

(V3.October 2015)