 **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)