

Specialist Advocacy and Care Act Referral Form

Date Received:

Specialist Advocacy:	<input type="text"/>	Care Act:	<input type="text"/>
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Client ID:	<input type="text"/>
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Client Details

Client Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Current Address:	<input type="text"/>		
Home Address: (if different)	<input type="text"/>		
Contact Number(s):	<input type="text"/>		

Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	Prefer Not to Say:	<input type="checkbox"/>
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White British	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Mixed Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Mixed White	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Mixed African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>

How does the person communicate?

Spoken English	<input type="checkbox"/>	Another Spoken Language	<input type="checkbox"/>	Gestures/Facial Expression/Vocalisations	<input type="checkbox"/>
BSL	<input type="checkbox"/>	No Obvious Communication	<input type="checkbox"/>	Pictures/Symbols/Makaton	<input type="checkbox"/>
Other: (give details)	<input type="text"/>				

Nature of client's impairment (mark all that apply)

Unconsciousness	<input type="checkbox"/>	Mental Health Problems	<input type="checkbox"/>	Acquired Brain Damage	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Autism Spectrum	<input type="checkbox"/>	Serious Physical Illness	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	Cognitive Impairment	<input type="checkbox"/>
Other: (give details)	<input type="text"/>						

Is this advocacy under the Care Act? If Yes please complete the following boxes, if No please go to Next Page	Yes		No	
Has the client been assessed by referrer as having substantial difficulty to engage in assessment/safeguarding process?	Yes		No	
Has the client been deemed by referrer as having no appropriate person to support them to engage in assessment/safeguarding process?	Yes		No	
If there are persons involved with the client but referrer has deemed them not appropriate, please detail whom and why:				
Has the client been supported with Information and Advice around the assessment/safeguarding process?	Yes		No	

Stage the client is at in the required area of support; this will help us triage the case more rapidly **(Please Mark Only One):**

Stage:	
Beginning of process	
Pre-assessment	
Post assessment	

Area of Support Required (Please Mark Only One):

A needs assessment under Section 9	
A carer's assessment under Section 10	
Preparation of a care and support plan or support plan under Section 25	
A review of a care and support plan or support plan under Section 27	
A safeguarding enquiry or Safeguarding Adult Review	

Reason for Community Advocacy Referral (Not Under the Care Act)

What is the issue the client wants to access support for? Please provide as much detail as you can:

Consent

Has client consented to this referral?	Yes		No	
If no have they been made aware of referral? If not why not?	Yes		No	
If the client is not able to consent, are you giving us instruction?	Yes		No	

Details of person completing this form		Who will make the best interests decision (this is the person the advocate will provide their report to)	
Name:		Name:	
Job Title:		Job Title:	
Team/Organisation:		Team/Organisation:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	

Please detail any risk issues or incidents ONE Advocacy and our staff should be aware of:

Signed: Date:

Name (please print): Relationship to client:

Send completed form to: ONE Advocacy Derby, c/o Citizens Advice South Derby and City, Stuart House, Green Lane, Derby, DE1 1RS or email to support@oneadvocacyderby.org or fax to 01332 228701.

For further information visit www.oneadvocacyderby.org or call the Direct Referral line 01332 228748