



# Advocacy Referral Form

(For Office use only)

Date received	
Advocate	
Client Group	
Safeguarding	<b>Y / N</b>

If you require our IMHA or IMCA Advocacy service. Please complete the appropriate referral form which can be found in the 'Downloads' section of our webpage or contact us for more information [www.iane.org.uk](http://www.iane.org.uk)

**Client Group:- (please tick all relevant boxes)**

Care Act		Physical Disability	
Learning Disability		Refugee / Asylum Seeker	
Mental Health and/or Dementia		Other (please state below)	

**Primary means of communication: -**

English		Gestures/facial expressions/vocalisations	
Other spoken language		No obvious means of communication	
BSL		Text/Email	
Words/pictures/makaton		Other (please state below)	

**Client Details:-**

Name.....

D.O.B ..... Age..... M / F (Please circle)

Ethnic origin..... Translator required **YES/NO** (Please circle)

Person's contact details: Telephone numbers

Address..... Home.....

..... Mobile.....

Postcode..... Email.....

**Referrers Details:-**

Method of contact..... Date of referral.....

Name..... Status/job title .....

Place of work.....

Contact number..... Email .....

**Details Of Other Professionals Involved:-**

Name	Relationship to Person	Contact Number

**Further Information:-**

(Please circle)

Is there any risk of violent or dangerous behaviour, or any other pertinent risks the advocate should be aware of? (i.e. security issues)	<b>YES/NO</b>
Is there a risk of exposure to infection the advocate needs to be aware of (ie MRSA)?	<b>YES/NO</b>
If yes to either of the above, please explain and attach any risk assessments:-	

Does the person know about this referral?	<b>YES/NO</b>
Does the person have capacity to instruct an advocate?	<b>YES/NO</b>
Location of person when referred (ie community, hospital)	

**Brief details of the situation/issue that requires advocacy involvement:-**

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\*Please continue on a separate sheet if necessary

Are there any deadlines or important meeting dates?

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**Any identified religious, cultural or spiritual needs?**

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I confirm that I have consent from the client to make a referral to Advocacy or	
I confirm I have the authority to make a referral for the client.	
I understand and agree that the information I provide will be stored securely and used for monitoring purposes. Any identifiable information is kept confidential and secure.	
<b>I understand by ticking these boxes I confirm my agreement</b>	

**Please return completed form to –**

Independent Advocacy North East, 62 Howard Street, North Shields. NE30 1AF

Tel. (0191) 259 6662 Fax. (0191) 296 3767 E-mail: [info@iane.org.uk](mailto:info@iane.org.uk)

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