

(For Office use only)



Date received	
Advocate	
Client Group	
Safeguarding	Y / N

Advocacy Referral Form

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

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..... Gender: M / F / O / prefer not to say (Please circle)

Person's contact details: Translator required **YES/NO** (Please circle)

Address..... Telephone numbers

..... Home.....

..... Mobile.....

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

Religion/belief: Which group do you / the referee most identify with? (Please cross box that applies)

Buddhist		Jewish	
Christian		Muslim	
Hindu		Sikh	
No religion		Prefer not to say	
In another way (please describe):			

Sexual orientation: Which of the following options best describes you/ the referee? (please cross box that applies)

Heterosexual/straight		Bisexual	
Homosexual		Prefer not to say	
Not known		Other (please describe)	

Ethnic origin: Choose one option which best describes you / the referee's ethnic group or background (please cross box that applies). Categories based on Census 2011 categories

Asian British/Bangladeshi		White British	
Asian British/Indian		White Irish	
Asian British/Pakistani		White Gypsy/Traveller	
Asian British/Chinese		Other White background (please describe):	
Any other Asian background (please describe):			Mixed Asian and White
Black British/Black African		Mixed Black African and White	
Black British/Black Caribbean		Mixed Black Caribbean and White	
Any other Black/African/Caribbean background (please describe)		Any other Mixed/multiple ethnic background (please describe):	
Any other Ethnic group (please describe):		Prefer not to say/Not known/Not given	

Country of origin/cultural identity: How do you describe you / the referee's country of origin/cultural identity?

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Referrer's 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)	YES/NO
Is there a risk of exposure to infection the advocate needs to be aware of (i.e. MRSA)?	YES/NO
If yes to either of the above, please explain and attach any risk assessments:	

Does the person know about this referral?	YES/NO
Does the person have capacity to instruct an advocate?	YES/NO
Location of person when referred (i.e. 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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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.	
I understand by ticking these boxes I confirm my agreement	

Please return completed form to:

Independent Advocacy North East, B14 Linskill Centre, Linskill Terrace, North Shields, Tyne and Wear NE30 2AY

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