** General Advocacy Referral Form**

Referral date…………………..…….. Received date ……………………

**CLIENT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  | Gender *(Please tick)* | F |  | M |  |
| Permanent Address |  |
| Post code |  |
| Current Location |  |
| Post code |  |
| Telephone number |  |
| Does the client have **any** disabilities? |  |

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| **Ethnic Background** |
| White British |  | Any Other Mixed background  |  | Black or Black British Caribbean  |  |
| White Irish  |  | All Mixed groups  |  | Black or Black British African  |  |
| Any Other White background |  | Asian or Asian British Indian  |  | Other Black groups |  |
| All White groups  |  | Asian or Asian British Pakistani  |  | All Black groups |  |
| Mixed: White and Black Caribbean  |  | Asian or Asian British Bangladeshi  |  | Chinese or Other ethnic group  |  |
| White and Black African  |  | Any other Asian background  |  | Other ethnic group |  |
| White and Asian  |  | All Asian groups  |  | All Chinese or Other ethnic groups |  |
| Any identified religious, cultural or spiritual needs? |  |

**RISK ASSESSMENTS**

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| Please tick the box where the client has shown signs of risk. Please include copies of up-to-date risk assessments, e.g. FACE, when submitting the referral |
| Suicide tendencies |  | Lack of insight |  |
| Deliberate self-harm |  | Hostage taking |  |
| Self-neglect |  | Housing problems |  |
| Physical aggression without a weapon |  | Drug and alcohol misuse |  |
| Physical aggression with a weapon |  | Misuse of medication |  |
| Violent behaviour |  | Physical Health |  |
| Verbal aggression |  | Social Isolation |  |
| Criminal record |  | Lack of family support |  |
| Offending behaviour |  | Harassment/bullying (safeguarding) |  |
| Child protection issues |  | Risk to service user |  |
| Inappropriate behaviour (describe below) |  | Financial difficulties |  |
| Arson |  | Relationship difficulties |  |
| Non-compliance with care plan |  | Other – Please specify below |  |
| Please explain risks and include copies of assessments |

**GENERAL ADVOCATE INVOLVEMENT**

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| Please include brief details of the situation that requires general advocate involvement - please note that this should be issue and outcome specific: |
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| Are there any deadlines or important meeting dates? |
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**REFERRAL DETAILS**

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| Is this a self-referral? *(please tick)* |
| YES |  | NO |  |
| Northumberland Independent Advocacy Service (NIAS) has a duty to ensure the safety of lone workers. In accordance with the Data Protection Act we reserve the right to speak to and request information from third parties regarding past and current risk. For further information please contact NIAS.  |

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| If this is not a self-referral please fill in details below: |
| Is this a first referral?*(Please tick)* | YES |  | NO |  | NOT KNOWN |  |
| Referrer Name |  |
| Position/Role |  |
| Address |  |
| Postcode |  |
| Telephone, Email and Fax number |  |
| Name of Care Manager/ Coordinator or social worker |  |
| Address |  |
| Postcode |  |
| Telephone, Email and Fax number |  |

|  |  |
| --- | --- |
| Please provide name, practice and contact details of GP |  |
| Has the patient been informed a referral is being made to the General Advocacy service? | YES |  | NO |  |
| Has the client consented to the referral to the General Advocacy service? | YES |  | NO |  |
| Does the patient have capacity to instruct a General Advocate? | YES |  | NO |  |
| If you have answered NO to any of these questions, please explain why, providing details of any capacity assessment |  |

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| **In order to be able to help you further we need to take some personal and identifiable information.  We treat all information confidentially and we will not share this with anyone without your consent. We would only breach that confidentiality in exceptional circumstances which can be explained on request. This information will be kept securely on our system in line with the General Data Protection Regulation (GDPR).  Following the conclusion of our work with you the information will be securely destroyed after a period of 7 years.  By providing this information you are confirming that you are happy with this arrangement and consent to your information being stored. You are able to request a copy of our Privacy Statement and a copy of the information that we hold about you.**  |

**The client:** *I agree that the information on this form can be securely stored by Adapt (North East) Advocacy service on a secure electronic case recording system, computer and paper filing system.*

CLIENT SIGNATURE PRINT NAME DATE

**The referrer:** *I would like a General Advocate to do this work. They can keep this information stored on a secure electronic case recording system, computer and paper filing system. I am providing this information and asking for this referral in the client’s best interest.*

REFERRER SIGNATURE PRINT NAME DATE

**PLEASE RETURN THIS FORM TO:**

advocacy@adapt-tynedale.org.uk - please ensure documents are sent securely to this address **OR** Secure email: advocacy@adapt-tynedale.cjsm.net – only use this address if sending from a CJSM account.

Northumberland Independent Advocacy Service

Adapt (North East)

Burn Lane

Hexham

****Northumberland

NE46 3HN

**Telephone:** 01434 600599 **Fax:** 01434 605251