

Care Act Advocacy Referral Form

PLEASE COMPLETE THE FORM IN BLOCK CAPITAL LETTERS
SECTIONS 1 - 4 MUST BE COMPLETED IN FULL

1. Client Details:

Name:	Date of Birth:
Gender:	Email:
Current Location:	Home address:
Telephone:	Mobile:

2. Ethnic Background:

White:	Black / British:	Asian / British:	Mixed:
White British	Black Caribbean	Indian	White & Black Caribbean
White Irish	Black African	Pakistani	White & Black African
Other White*	Other Black*	Bangladeshi	White & Asian
		Other Asian*	Other Mixed White*
Other ethnicities:	Chinese	Any Other Ethnicity*	Not Known / Stated
*Specify Other:			

3. Care group (circle relevant answers):

Mental Health	Yes/No	Physical Disability including Sensory Impairment	Yes/No
Learning Disability	Yes/No	Substance misuse	Yes/No
Autism	Yes/No	Carers (including Young Carers)	Yes/No
Older People	Yes/No	Young People aged 16-18 in Transition to Adult Services	Yes/No
Other (please give more information)			

4. What issue(s) does the person need advocacy support for? (circle relevant answers):

Accessing Adult Services information and advice	Yes/No	Review of a care plan	Yes/No
A needs assessment	Yes/No	A carers assessment	Yes/No
A child's needs assessment	Yes/No	Safeguarding enquiry or review	Yes/No
Care planning	Yes/No		

5. Eligibility:

Does the person have substantial difficulty in being fully involved in Local Authority processes?	Yes/No
Please give more information about their substantial difficulties, including any communication difficulties and reasonable adjustments you have already made for them	
There is no-one appropriate available to support and represent their wishes	Yes/No

6. Timescales involved:

7. Other professionals and families/carers involved with the person:

Name	Job Title	Contact details

8. Any risks or behaviours that may affect lone working:

9. Additional information:

10. Person making referral:

Name:	Job title:
Organisation (include Locality and Team):	
Telephone:	Email:

Does the person know you are making the referral?

Yes/ No (please explain)	
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Signed

Date

Please return completed form to:
portsmouthadvocacy@solentmind.org.uk
Telephone enquiries: 023 8020 8955