



Portsmouth Advocacy

Care Act Advocacy Referral Form

Person who needs advocacy:

Name:	Date of birth:
AIS/ICS number:	Age:
Address:	
Telephone:	Email:
Ethnic background:	

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)	

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

Care group:

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

What issue(s) does the person need advocacy support for?

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

Timescales involved:

Other professionals and families/carers involved with the person:

Name	Job Title	Contact details

Any risks or behaviours that may affect lone working:

Additional information

Portsmouth Advocacy Service delivers advocacy provision as a partnership of five organisations. We have a commitment to work together to provide a seamless service for individuals. As part of this, we may need to share individual information across the partnership. We are committed to ensuring that this is done only where necessary, with your permission where possible, with management agreement and according to our sharing protocol guidelines.

Signed.....

Date.....

Please return completed form to us:

By email to portsmouthadvocacy@solentmind.org.uk

By fax to 023 8020 8954

By post to Solent Mind, John Pounds Centre, 3 Aylward Street, Nutfield Place, Portsmouth PO1 4JT

Telephone enquiries 023 9283 7777