|  |
| --- |
| Southern Advocacy Service – Care Act 2014 – REFERAL FORM |
| **Name of Person:** |  |
| **Date of Referral:** |  | **Gender:** |  | **Date of Birth:** |  |
| **Home/residence address:** |  |
| **Telephone number:** |  |
| **Type of Referral:** | Care Act Assessment/ Review – Care Act Safeguarding – Care Act Planning – CHC – Other [please specify below] |

|  |
| --- |
| **Before making this referral please confirm that the following criteria have been met:**1. The person being referred has ‘substantial difficulty’ being involved? **Yes / No**
2. The person being referred has no-one ‘appropriate’ to facilitate their involvement? **Yes / No**
3. The person being referred meets the threshold for social care services? **Yes / No**
4. You have gained consent from the person being referred for an advocate? **Yes / No**

**Please tell us why there is a need for advocacy:** **Please tell us what social care need the person being referred has:** **Please tell us your expected outcome:** |

|  |
| --- |
| **Significant Dates / Information**  |
| Details of any impending meetings or deadlines: |  |
| Are there any communication difficulties? |  |
| Are there any risks identified? If yes, please explain.  |  |
| Is there an urgent need for an advocate? If yes, please explain.  |  |
| **For Safeguarding Referrals ONLY:**Please give details of the Safeguarding concerns raised and any planned interventions by the Safeguarding team.  |

|  |
| --- |
| **Others involved** |
| Details of professionals, family or anyone directly involved in the persons identified support/ life: |
|  |

|  |  |
| --- | --- |
| Referrer Name: |  |
| Job Title: |  | Phone No: |  |
| Address &Postcode: |  |
| Email: |  |

**Please note:** to avoid unnecessary delays sufficient information must be provided on this form

Please email completed referrals to: jan@southernadvocacyservices.co.uk

Or, confidentially fax it to: 08443588877

|  |
| --- |
| **FOR ADVOCATE USE ONLY** |
| Does the person being referred agree with the ‘expected outcome/s’ (above)?  | **YES / NO** |
| If no, please explain their expected outcome:  |  |
| At the end of the advocates work, did the person being referred feel their ‘expected outcome/s’ were met by the advocate?  | **YES / NO** |
| If no, please explain why:  |  |