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| 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] | | | | |

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| **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:** |

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| **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. | |

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| **Others involved** |
| Details of professionals, family or anyone directly involved in the persons identified support/ life: |
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| 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](mailto:jan@southernadvocacyservices.co.uk)

Or, confidentially fax it to: 08443588877

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| **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: |  |