**Advocacy Together Hub Knowsley**
Referral Form

Please complete this form and return by **email** to:

**Tel: 0151 486 4045 Mob: 07484935748**

Email:**Knowsley-advocacy@together-uk.org** **DUTY ADV:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the person being referred**(also give familiar name if different) |   |   |  |
| **Current Location** (also give previous location if applicable) |  |  |
| **Tel number:** |  |  |   |
| **Date of birth:** |  |  |   |
| **Date of referral:** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of Referrer:** |  |  |
| **Job Title & Team:** |  |  |   |
| **Tel number & Email :** |  |  |   |
| **Address :** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of ‘Decision Maker’ (if different from referrer)** |  |  |
| **Job title:** |  |   |
| **Tel number & Email:** |  |  |   |
| **Address:** |  |  |   |
|  |  |  |

**DECISION TYPE (please tick ONE only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Under Care Act**[ ]  Safeguarding Vulnerable Adult[ ]  Care & Support – including Psych or Acute Hosp discharge[ ]  Care Review[ ]  Care Assessment[ ]  Carers Assessment[ ]  Child In Transition | **Under Mental Cap Act** [ ]  Change of Accommodation[ ]  Serious Medical Treatment | **Under the Mental Health Act**[ ] Section detained under & DATE started…………. [ ] Informal[ ] Community Treatment Order[ ] Guardianship[ ] Conditionally discharged restricted patient[ ] Section 57[ ] ECT | **Generic Advocate**[ ]  Preventative Issue based[ ]  Parent Advocacy[ ]  Citizen Advocacy* Self Advocacy

[ ]  **Independent NHS Complaints** |

**Has a decision-specific capacity for the above decision been assessed? YES / NO**

**Does the person have substantial difficulty (as described in the Care Act)? YES /NO**

**DATE OF CAPACITY ASSESSMENT……………………….ACHIEVED BY…………………………..**

**APPROPRIATE FAMILY OR CLOSE FRIENDS Y/N**

Are there any appropriate family or friends available to be consulted on the decision?

**If they are not appropriate, please explain why they are not:**

(Please note paragraph 10.79 of the MCA Code of Practice states that people simply disagreeing with decision makers does not make them inappropriate to be consulted.)

**Please describe the decision that the Advocacy Service is being consulted on:**

**(Please also give any details of timescales involved.**

**Please give the details of any planned meetings the advocate will be required to attend** (date, time, nature of meeting, venue etc)**:**

**Ethnicity
A. White:** [ ]  1.White British [ ]  2. Irish [ ]  3. Gypsy or Irish Traveller [ ]  4. Any other white background (write in):

**B Mixed / multiple ethnic groups:** [ ]  5. White and Black Caribbean [ ]  6. White and Black African

[ ]  7. White and Asian [ ]  8. Any other Mixed / multiple ethnic background (write in):

**C Asian / Asian British:** [ ]  9. Indian [ ]  10. Pakistani [ ]  11. Bangladeshi [ ]  12. Chinese

[ ]  13. Any other Asian background (write in):

**D Black/African/Caribbean/Black British:** [ ]  14. African [ ]  15.Caribbean
[ ]  16. Any other Black/African/Caribbean background (write in):

**E Other ethnic group:** [ ]  17.Arab [ ]  18. Any other ethnic group (write in)

**F Undisclosed** [ ]  19. Do not wish to answer

**Persons difficulty:** (please tick all that apply)

[ ] Mental Health [ ] Brain injury [ ] Physical Disability [ ] Learning Disability

[ ]  Autistic Spectrum [ ] Dementia [ ]  Combination [ ] Other:

**Please give details of any specific needs the person has, such as the communication methods they use, access issues etc:**

**Please provide details of any potential risk to the individual or Advocate in a one-to-one meeting:**

**This Service is provided by Together: for Mental Wellbeing, 12 Old Street, London EC1V 9BE 020 7780 7300** [**www.together-uk.org**](http://www.together-uk.org) **Registered charity no 211091. Complaints Procedure: By telephone 07739506587 or in writing to** **tracy-moss@together-uk.org****. or c/o Together, 12 Old St, London, EC1V 9BE**