**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**](mailto:tracy-moss@together-uk.org)**. or c/o Together, 12 Old St, London, EC1V 9BE**