**Independent Mental Health Advocacy (Trafford)**

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| **Full name:** |  |
| **DOB:**  |  |
| **Permanent address:** |  |
| **Current location if different from permanent address:**(including ward) |  |
| **Telephone number:**  |  |
| **Mobile number:** |  |
| **Email address:**  |  |
| **Responsible Clinician:** |  |
| **NHS Number:**  |  |
| **Section (including start dates):** |  |
| **Disability or impairment:**  | [ ]  Learning disability[ ]  Acquired brain injury [ ]  Autistic spectrum disorder[ ]  Dementia[ ]  Neurological conditions[ ]  Stroke[ ]  Mental health condition [ ]  Sensory impairment [ ]  Long term health condition [ ]  Physical disability [ ]  None [ ]  Not listed, **please specify:**[ ]  Prefer not to say |
| **Gender:** | [ ]  Female[ ]  Male [ ]  Non-binary[ ]  Not listed, **please specify:**[ ]  Prefer not to say |
| **Pronouns:** | [ ]  He/him [ ]  She/her [ ]  They/them  |
| **Sexual orientation:**  | [ ]  Bisexual[ ]  Heterosexual[ ]  Lesbian or gay[ ]  Not listed, **please specify:** [ ]  Prefer not to say |
| **How does the person communicate?**  | [ ]  English[ ]  Other spoken language, **please specify:** [ ]  British Sign Language[ ]  Words/pictures/Makaton [ ]  Gestures/expressions/vocalisations[ ]  Not listed, **please specify:** [ ]  No obvious means of communication |
| **Ethnic origin:**  | [ ]  Arab/British Arab[ ]  Asian/British Asian [ ]  Black/Black British[ ]  Gypsy/Roma/Traveller[ ]  Mixed heritage[ ]  White British – English, Welsh, Scottish, N. Irish[ ]  White – Irish [ ]  White Other [ ]  Not listed, **please specify:** [ ]  Prefer not to say |
| **Religion or belief:**  | [ ]  Atheist[ ]  Baha’i [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Humanist[ ]  Jewish[ ]  Muslim[ ]  Pagan[ ]  Not listed, **please specify:** [ ]  Prefer not to say[ ]  No religion or belief |
| **Have you or any of your family served in the armed forces?** | [ ]  Yes[ ]  No |

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| **Are there any upcoming meetings?** (tribunal’s, CPA’s, etc) |  |

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| **What support is required?**  |  |

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| **Are there any known risks?**  |  |

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| **Consent:**  |
| Due to GDPR (2018), we need signed authorisation to say that people agree to Advocacy Focus holding their personal information (including the information within this referral) If the person being referred is deemed to lack capacity, the referrer must sign to say they are referring and providing information in the person’s best interests, acknowledging that the person referred lacks capacity to make this decision |
| **Does the person have capacity to consent to the referral?** | Yes [ ]  | No [ ]  |
| **If yes, has consent been obtained?** | Yes [ ]  | No [ ]  |
| **Signature:**  |

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| **If you are referring on behalf of someone else, please provide your details below:** |
| **Name:**  |  |
| **Address:** |  |
| **Telephone:**  |  |
| **Signature:** |  |

**Once this form is complete, please email it to: admin@advocacyfocus.org.uk**