**Independent Advocacy under the Care Act (St Helens)**

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| **Full name:** |  |
| **DOB:**  |  |
| **Permanent address:** |  |
| **Current location if different from permanent address:** |  |
| **Telephone number:**  |  |
| **Mobile number:** |  |
| **Email address:**  |  |
| **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 [ ]  Female, Male at birth [ ]  Male, Female at birth [ ]  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 |

**\*Please provide a direct number (not contact care) and email address for the allocated advocate to make contact throughout their involvement. If contact cannot be made, this may delay support being provided.**

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| **Social Worker’s contact details:**  |
| Name:  | Role:  |
| Address:  |
| Email |
| Telephone number:  | Fax:  |

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| **Issue to be addressed:**  |
| Assessment, review or care and support planning: [ ]  | CHC assessment: [ ]  | Safeguarding (Section 42 enquiry or safeguarding adult review): [ ]  |
|  Please provide further information below:  |

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| **Substantial difficulty:**  |
| I have reasonable belief that the person will have substantial difficulty with the process at this time but may become able again in the near future |[ ]  I have reasonable belief that the person will have substantial difficulty with the process and will do for the foreseeable future |[ ]

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| **Has a capacity assessment been carried out?**  | Yes [ ]  | No [ ]  |
| Outcome of the capacity assessment:  |

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| **Family and friend involvement:**  |
| Does the person have an appropriate adult willing and able to facilitate their involvement in the process/processes and does the individual consent to their involvement? If not, please provide further details:  |

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| **Significant dates:**  |
| Please provide details for any impending meetings or deadlines:  |

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| **Further relevant information:**  |
| Please provide details:  |

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| **Consent:**  |
| Due to GDPR (2018), we need signed authorisation to say that people agree to Advocacy Focus holding personal information (including the information on 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 [ ]  |

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| **Please provide details of any risk the Independent Advocate will need to consider:**  |
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| **I would like an Independent Advocate to support me in accordance with the Care Act 2014:**  |
| Person’s signature:  | Date:  |

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| **I would like an Independent Advocate to do this work in accordance with the Care Act 2014:**  |
| Referrer’s signature:  | Date:  |

**Please email the completed form to: admin@advocacyfocus.org.uk**