**Referral form/legal instruction**

Please note that a different referral/legal instruction is needed for each decision made on behalf of the client.

**Referral details**

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

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

|  |  |
| --- | --- |
| Name of Decision maker (if different from referrer): |  |
| **Job Title and Team:** |  |
| Tel number: |  |
| Email Address: |  |

**Decision Type (please tick ALL DECISIONS THAT MAY APPLY)**

|  |  |
| --- | --- |
| Care Act  | [ ]  Care Review [ ]  Care Assessment[ ]  Carers Assessment [ ]  Child In Transition[ ]  Safeguarding Vulnerable Adult[ ]  Care & Support – including Psych or Acute Hospital discharge |
| **Mental Capacity Act**  | [ ]  Change of Accommodation[ ]  Serious Medical Treatment |
| Mental Health Act  | [ ] Section detained under & Date started: [ ] Community Treatment Order[ ] Guardianship[ ] Conditionally discharged restricted patient[ ] Section 57[ ] ECT |
| Generic Advocacy (please note that all three are required for eligibility)  | [ ]  Open to Adult Social Care or CMHT[ ]  Substantial Difficulty in understanding a particular decision[ ]  No family or appropriate person involved. |
| NHS complaints | [ ]  Independent NHS Complaints |

|  |  |
| --- | --- |
| **To help us triage cases, provide details on the urgency of this referral and expected time frames for meetings the advocate will be required to attend** |  |

Eligibility

|  |  |
| --- | --- |
| Has the person provided consent for this referral?  |  [ ]  Yes [ ]  No |
| Is the person safe in their current arrangements?  |  [ ]  Yes [ ]  No |
| Does the person have substantial difficulty (as described in Care Act?) |  [ ]  Yes [ ]  No |
| **Has a decision specific capacity assessment been carried out?**  |  [ ]  Yes [ ]  No |
| Date of Capacity Assessment:  |  |
| Name of person completing Capacity Assessment: |  |
| Are there any appropriate friends or family available to be consulted on the decision?  |  [ ]  Yes [ ]  No |
| 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 consult. To be eligible for IMCA any person deemed inappropriate to consult will be discounted from the decision making process. An IMCA CANNOT be involved alongside family). |  |

**Decision details**

|  |  |
| --- | --- |
| Describe the decision that the advocacy service is being consulted on. Please give as much detail as you can, and indicate the time scales involved:  |  |
| Provide details of any potential risk to the advocate in a one to one meeting: |  |
| **Details of any specific needs the person has i.e. communication methods, access issues etc.:** |  |

**Personal details**

|  |  |
| --- | --- |
| Ethnicity | **White:**[ ]  White British [ ]  Irish [ ]  Gypsy or Irish Traveller [ ]  Any other white background (please state):**Mixed / multiple ethnic groups:**[ ]  White and Black Caribbean [ ]  White and Black African[ ]  White and Asian [ ]  Any other Mixed / multiple ethnic background (Please state):**Asian / Asian British:** [ ]  Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese[ ]  Any other Asian background (please state):**Black/African/Caribbean/Black British:**[ ]  African [ ]  Caribbean[ ]  Any other Black/African/Caribbean background (please state):**Other ethnic group:**[ ]  Arab [ ]  Any other ethnic group (please state)**Undisclosed** [ ]  Do not wish to answer |
| **Persons difficulty** (please tick all that apply):  | [ ] Mental Health [ ] Brain injury[ ] Physical Disability [ ] Learning Disability[ ]  Autistic Spectrum Disorder [ ] Dementia[ ]  Combination [ ] Other please state: |

This Service is provided by Together for Mental Wellbeing, 52 Walnut Tree Walk, London.SE11 6DN 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 at the above address.