

**Hartlepool Advocacy Hub
General Advocacy Referral Form
April 2018**

GUIDANCE:

Not providing the necessary information could affect response times. Please complete the form in full, including signatures and dates. **NB – we are unable to accept referrals directly by Email, or Fax, unless through ‘Anycomms’ – advocacyhub@incontrol-able.co.uk**

Discuss this referral to the Advocacy Hub with the patient/individual for the Advocacy Hub to identify a General Advocate from the Provider Framework.

Give the patient/individual the opportunity to decide whether to request advocacy support themselves.

Consider referring to the Advocacy Hub if you think the patient/individual may benefit from advocacy support, but is unable, or unlikely to request support themselves.

A referral should **NOT** be made to the Advocacy Hub where the referrer knows, or strongly suspects the patient/individual does not want the support of an Advocate. The Advocacy Hub is not a substitute for any independent advocacy which already takes place.

This form is subject to review to maintain service provision and monitoring.

PLEASE RETURN THE COMPLETED FORM TO:

Hartlepool Advocacy Hub, c/o Incontrol-able CIC, Centre for Independent Living, Burbank Street, Hartlepool TS24 7LT.

SERVICE USER DETAILS:

Name:					
Gender:	M	F	O	DOB:	
Permanent Address:					
Postcode:			Telephone:		
Current Location:					
Postcode:			Telephone:		

ETHNIC BACKGROUND (Please tick box that applies)

White British	<input type="checkbox"/>	Black/Black British (African)	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black/Black British (Caribbean)	<input type="checkbox"/>
White (Other Background)	<input type="checkbox"/>	Black/Black British (Other Background)	<input type="checkbox"/>
Mixed: White/Black African	<input type="checkbox"/>	Asian/Asian British (Bangladeshi)	<input type="checkbox"/>
Mixed: White/Black Caribbean	<input type="checkbox"/>	Asian/Asian British (Indian)	<input type="checkbox"/>
Mixed: White/Asian	<input type="checkbox"/>	Asian/ Asian British (Pakistani)	<input type="checkbox"/>
Mixed: (Other Background)	<input type="checkbox"/>	Asian/Asian British (Other Background)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

Any identified religious, cultural or spiritual needs?

--

Are there any relevant risks that the Advocate should be aware of? (eg: behaviour, security issues, exposure to infection). If yes please give brief details.

REFERRAL DETAILS:

IS THIS A SELF-REFERRAL?

YES

NO

The advocacy service has a duty to ensure the safety of lone workers. In accordance with the data protection act we reserve the right to speak to and request information from third parties regarding past and current risk. For further information please contact the advocacy service.

IF THIS IS NOT A SELF-REFERRAL PLEASE PROVIDE DETAILS BELOW:

Referrer:

Role:

Address:

Postcode:

Telephone:

Email:

Fax:

REASON FOR REFERRAL

BRIEF DETAILS OF THE SITUATION THAT REQUIRES ADVOCACY INVOLVEMENT:

e.g. Older People, LD, Physical Disability, Care Act...

(please indicate)

- Does the individual meet the eligibility criteria under the Care Act 2014? **YES NO**
- Has the patient/individual received Advocacy support before? **YES/NO/DON'T KNOW**
- If yes, name of Advocate/Provider:

ARE THERE ANY DEADLINES OR IMPORTANT MEETING DATES?

CONTACT DETAILS:			
Care Coordinator:			
Address:			
Postcode:		Telephone:	
Email:		Fax:	
GP:			
Address:			
Postcode:		Telephone:	
Email:		Fax:	
Nearest Relative:			
Address:			
Postcode:		Telephone:	
Email:		Fax:	
DECLARATION:			
<p>Because of the General Data Protection Regulations 2018 a signature is needed to say that you agree to the Advocacy Hub securely holding personal information (including the information on this form), on a computer and in a filing system. It is the policy of the Advocacy Hub that all personal data will be held in accordance with the principles and requirements of the General Data Protection Regulations 2018 and other relevant legislation, and that procedures will be put in place to ensure the fair processing of data relating to individuals. The Advocacy Hub is a confidential service; you can request further information on confidentiality from ourselves, or the appropriate advocacy service.</p> <p><i>I agree to that the Advocacy service can securely hold, and put on computer and in a filing system, the information on this form.</i></p>			
MUST BE SIGNED AND DATED			
SIGNATURE			
DATE			
<p>THE REFERRER (leave blank if signed by Service User) I would like the Advocacy Hub to do this work. They can keep, and put on computer and in a filing system, the information on this form provided to do the work. I am providing this information and asking for this referral in the Service User's best interests.</p>			
MUST BE SIGNED AND DATED			
SIGNATURE			
PRINT NAME			
DATE			