

Independent Care Act Advocacy Referral Form

Please complete this form in full and return it to: advocacy@weareecs.co.uk or return by post to: **Healthwatch Halton Advocacy HUB, Suite 5, Foundry House, Widnes Business Park, Waterside Lane, Widnes WA8 8GT**

If you need support to complete this form, please contact us on **0151 347 8183**

Please complete in block capitals or type

Client Name:	
Date of Birth:	
Local Authority:	
Home Address:	
Postcode:	
Telephone number	
Present location, postcode, tel. (if different from above) If hospital, please include ward number	

Referrer Contact Details

Details of person completing this form (Referrer); if this is advocacy under the Care Act the referrer will be the assessor or safeguarding officer
Name:
Job:
Organisation:
Address:
Telephone/ Mobile:
Email:
Date referral made:

Is this advocacy under the Care Act?	Y/N?	
Has the client been assessed by referrer as having substantial difficulty to engage in assessment/safeguarding process?	Y/N?	
Does the client have substantial difficulty in: (select all that apply)	Understanding relevant information	Y/N?
	Retaining information	Y/N?
	Using or weighing up information	Y/N?
	Communicating views, wishes and feelings	Y/N?
Has the client been deemed by referrer as having no appropriate person to support them to engage in assessment/safeguarding process? If there are persons involved with the client, but referrer has deemed them not appropriate, please provide names and contact details and explain why:	Y/N?	
Has the client been supported with Information and Advice around the assessment/safeguarding process?	Y/N?	

Stage the client is at in the required area of support; this will help us triage the case more rapidly (**Please tick only one**)

Stage:	Please tick only one
Beginning of process	
Pre-assessment	
Post assessment	

Area of Support required (please tick only one)

A needs assessment under Section 9	
A carer's assessment under Section 10	
Preparation of a care and support plan or support plan under Section 25	
A review of a care and support plan or support plan under Section 27	
A safeguarding enquiry or Safeguarding Adult Review	

Consent

Has client consented to this referral?	Y/N?
If no have they been made aware of referral? If not, why not?	Y/N?
If the client is not able to consent, are you giving us instruction?	Y/N?
Are you satisfied the referral meets the criteria under the Care Act? (and is in the best interests of the client if they have not been made aware of not given their consent)	Y/N?

Specific Cultural and Communication Needs

Language		Ethnicity	
Gender		Religion	
Sexuality		Disability	
Other (Specify)			
How does the person communicate? E.g. BSL, Words/ Pictures/ Makaton			

Please provide details of any risks or behaviours the Advocate needs to be aware of when dealing with the referral. If you are not aware of any risks, please write 'no known risks':

Declaration:

- I declare that I wish to instruct an Independent Care Act Advocate
- I am providing this information and making this referral in relation to the Care Act 2014
- In accordance with the Data Protection Act 1998, I agree to Healthwatch Halton Advocacy HUB (delivered by Engaging Communities Solutions) holding my personal information (including information on this form)
- I understand the provision of an advocacy service is subject to the client meeting the eligibility criteria

Internal use only

Date referral received:	Date allocated to advocate:
Date referral acknowledged:	Name of advocate:
Meets eligibility criteria: Y/N	Date of first contact: