**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 |
| 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 (applies to Care Act and NHS complaints referrals)? | 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](mailto:tracy-moss@together-uk.org). or c/o Together at the above address.