

CONFIDENTIAL

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

CONSENT - Advocacy Operates under the GDPR Guidelines

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|---|--|
| Has client consented to this referral? | |
| For statutory: if the client is not able to consent, are you giving us instruction? (IMHA, IMCA, CAA) | |

| | | | |
|--|--|------------|--|
| Gender: | | Ethnicity: | |
| Disability: | | | |
| Does this person have any communication needs? | | | |

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| Please detail any risks that the client may pose to N-Compass Staff that we should be aware of: |
| |

REFERRER DETAILS

DECISION MAKER DETAILS

| | | |
|--------------------|--|--|
| Name: | | |
| Job/Role: | | |
| Organisation/Team: | | |
| Telephone: | | |
| Email: | | |
| Referral Date: | | |

ADVOCACY SERVICE INFORMATION

Only complete information for the specific type of advocacy you are referring for. If you answer no to any questions in that section you will not meet the criteria but may still be eligible for generic advocacy.

CARE ACT ADVOCACY

CARE ACT ADVOCACY FOR CARERS

Assessment Review Safeguarding Support Planning

Will this person have substantial difficulty in being involved with the process? Yes No

Has the client been deemed by the referrer as having no appropriate person to facilitate the clients engagement in the process ? Yes No

INDEPENDENT MENTAL CAPACITY ADVOCACY (IMCA)

Serious Medical Treatment Change in Accommodation Safeguarding Care Review

Has this client been deemed to not have appropriate friends or family who can be consulted? Yes No

Has this person been assessed as lacking capacity around this issue? Yes No

Date the capacity assessment was undertaken? _____

Who completed the capacity assessment? _____

INDEPENDENT MENTAL HEALTH ADVOCACY (IMHA)

Section 2 Section 3 Community Treatment Order Other _____

What ward are they currently on? _____

When did the section begin? _____

GENERIC ADVOCACY

Is the issue regarding health or social care? Yes No

Is this person an informal patient on a psychiatric ward? Yes No

REFERRAL REASON (Please add any Relevant information inc. meeting dates)

Please return this form to -

Email: wirraldutyadvocate@n-compass.org.uk Phone: 0300 200 0083

Post: Wirral Advocacy Hub n-compass northwest, 1 Edward VII Quay, Navigation Way, Preston, PR2 2YF

www.wirraladvocacyhub.org.uk