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| **Referral Form**  **Three County Independent Professional Advocacy Service** | | | | | |
|  | | | E-MAIL: info@cipawales.org.uk  Freephone number: 0800 206 1387 | | |
| Name of person being referred  Title: Miss / Mrs / Ms / Mr / Other - | | | | Full Name:  **Preferred Name:** | |
| Home Address: |  | | | | **CONTACTS**:  Mobile:  Landline:  Email: |
| Communication Preference:  Circle all that apply | Email | Phone | | |  |
| Text | Post | | |
| Date of Birth: |  | | | | |
| **Communication requirements or preferences:** Welsh, English, other spoken language, British Sign Language, Easy Read, non-verbal communication, communication aids (please specify those that apply): | | | | | |
| **What is your relationship with the client?**  **Has the client consented to the referral? Yes**  **No**  (Referrals for clients with capacity to instruct an advocate should only be made with the consent of that person)  **Does client lack capacity to consent to referral? Yes No**  If client lacks capacity to consent, is referral made in the person’s best interests? Yes No | | | | | |
| **Does the client have social care and support needs?** Yes No  **Does the client care for someone who has social care and support needs?** Yes No  **Information about client’s social care and support needs:** | | | | | |
| **Is the client/someone they care for undergoing:**  An assessment Care and support planning  A review A safeguarding enquiry or safeguarding review  Complaints about the above  **What barriers are there to prevent them from participating fully in this?**  **Is there anyone else who can advocate for the client?** Yes No | | | | | |
| **Reason for referral:** (Please include dates/details of any forthcoming deadlines or meetings) | | | | | |
| **Any other relevant information** (including any information required to keep the person and/or the advocate/others safe): | | | | | |
| **How did you hear about our service?** | | | | | |
| Referred by: |  | | | | Referral date: |
| Position: |  | | | | Tel no of referrer: |
| Signature: |  | | | | Email of referrer: |