



Person who needs advocacy:

Name:	Date of birth:
AIS/ICS number:	Age:
Address:	
Telephone:	Email:
Ethnic background:	

Person making referral:

Name:	Job title:
Organisation (include Locality and Team):	
Telephone:	Email:

Consent

Does the person consent to their information in this referral being kept by us and shared with the most appropriate advocacy organisation within the Hampshire Advocacy consortium?	YES / NO Details
If the person does not have capacity to consent to share, do you consider it in their best interests for their information in this referral to be kept by us and shared with the most appropriate advocacy organisation within the Hampshire Advocacy consortium?	YES / NO Details of best interests decision
Please explain if you have had difficulties with consent for this referral	

Eligibility:

Does the person have substantial difficulty in being fully involved in Local Authority processes?	Yes/No
Please give more information about their substantial difficulties, including any communication difficulties and reasonable adjustments you have already made for them	

There is no-one appropriate available to support and represent their wishes	Yes/No
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Care group:

Mental Health	Yes/No
Learning Disability	Yes/No
Autism	Yes/No
Older People	Yes/No
Physical Disability including Sensory Impairment	Yes/No
Substance misuse	Yes/No
Carers (including Young Carers)	Yes/No
Young People aged 16-18 in Transition to Adult Services	Yes/No
Other (please give more information)	

What issue(s) does the person need advocacy support for?

Accessing HCC Adult Services information and advice	Yes/No
A needs assessment	Yes/No
A carers assessment	Yes/No
Care planning	Yes/No
Review of a care plan	Yes/No
A child's needs assessment	Yes/No
Safeguarding enquiry or review	Yes/No

Please note that if your referral involves a possible change of accommodation it may be that the decision maker (usually a social worker or health caseworker) has a legal duty to offer Independent Mental Capacity Advocacy (IMCA) as well as Care Act Advocacy – in which case the advocate will request additional referral information from you

Please give more information about the issues that the person needs advocacy support for:

Timescales involved:

Other professionals and families/carers involved with the person:

Name	Job Title	Contact details

Any other Advocates that are working with the person:

Name	Advocacy organisation	Contact details

Any risks or behaviours that may affect lone working:

Additional information:

Hampshire Advocacy Service delivers advocacy provision as a partnership of five organisations. We have a commitment to work together to provide a seamless service for individuals. As part of this, we may need to share individual information across the partnership. We are committed to ensuring that this is done only where necessary, with your permission where possible, with management agreement and according to our sharing protocol guidelines.

Signed.....
Date.....

Please return completed form to us:

By email to advocates@easthantsmind.org

By fax to 023 92481886

By post to Havant & East Hants Mind, Leigh Park Community Centre,
Dunsbury Way, Havant PO9 5BG

Telephone enquiries 023 92484422

Registered Company number: 11056120
Website: www.hampshireadvocacy.org.uk