

**The Elfrida Society**

**Advocacy Project Referral Form**

Please give us as much information as possible and complete the form fully. This will help us to work with people in the best way. If you have any questions, please call us on 0207 359 7443

You can email your referral to The Advocacy Team on advocacy@elfrida.com, using a secure system such as Egress or you can post the referral to the Elfrida Society, 34 Islington Park Street, London N1 1PX.

**What is today’s date:**

|  |
| --- |
| Personal details of person requiring advocacy support |
| Name |  |
| Date of birth |  |
| Ethnicity (if known) |  |
| Are they a parent? |  |
| If so, do they live with their kids? |  |
| Address:  |  |
| Telephone number |  |
| Mobile number |  |
| Email address: |  |
| Has the person consented to the referral? |  |
| If not, why not? |  |

|  |
| --- |
| What is the best way to contact the person? |
| Phone | Email | letter | Via another person? (please give contact details below) |
|  |  |  |  |

|  |
| --- |
| What is their preferred method of communication: |
| i.e. objects of reference, makaton, speech, intensive interaction |

|  |
| --- |
| Referrer details  |
| Name  |  |
| Role / relation to the person |  |
| Contact details:  | Please indicate the best way to contact referrer? |
| Phone number: |  |  |
| Email: |  |  |
| Address: |  |  |
| Section 1- Is this advocacy under the Care Act? If Y please complete the following boxes, if N please go to Section 2 | Y/N? |
| Has the client been assessed by referrer as having substantial difficulty to engage in assessment/safeguarding process? | 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 detail whom and 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**

|  |  |
| --- | --- |
| **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 |  |
| 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 |  |

**Section 2- Reason for Community Advocacy Referral – not under the Care Act**

|  |
| --- |
| What is the advocacy issue:Please give as much detail as you can, i.e.:What is the problem facing the individual?Are decisions being made that will impact on their lives?Are they being involved in decision making?Are there different pressures being exerted on the person?Are there any important meetings coming up? |
|  |

|  |
| --- |
| **Who else is involved in the person’s life:** |
| Name |  |
| Role |  |
| Contact details |  |
| Can we contact them? |  |
| Name |  |
| Role |  |
| Contact details |  |
| Can we contact them? |  |
| Name |  |
| Role |  |
| Contact details |  |
| Can we contact them: |  |

|  |  |
| --- | --- |
| Yes | No |
|  |  |

Is the person known to social services / ILDP?

**Permission to use your data**

The Elfrida Society complies with current General Data Protection Regulations or GDPR. This enables us to use personal data to provide people with services requested from us, or to meet a legal obligation placed on us.

Easy read information can be found [here](https://www.easy-read-online.co.uk/media/51927/rights-about-personal-information-lores_v1-copy.pdf)

Please contact us if you would like a copy of our Data Security and Data Retention Policy and Procedure.

**Please confirm you have discussed data permission with the individual you are referring**

[ ]  I have discussed permission for the Elfrida Advocacy Service to use personal data to record, progress and evaluate the referral