



adventadvocacy.co.uk



CARE ACT ADVOCACY REFERRAL FORM

Advent Advocacy takes its obligations under data protection law seriously (including the Data Protection Act 2018). We will treat all your personal data as strictly confidential. Personal details will not be shared with third parties, other than for the reasons listed below, unless we are legally obliged to do so:

- With your explicit consent
- It is necessary for law enforcement purposes, or
- It is necessary to protect our rights, safety of our staff or property.

Where **consent** is used as the legal basis for processing your personal data you have the right to withdraw consent to the data processing at any time. However, this will not affect the lawfulness of any processing carried out before you withdraw your consent or processing carried out using an alternative legal basis such as 'legal obligation'.

Please note: this referral form must be submitted by a healthcare / social care professional in order to determine eligibility.

PLEASE RETURN THE REFERRAL FORM:

RETURN BY EMAIL

admin@adventadvocacy.co.uk

RETURN BY POST TO:

Advent Advocacy Ltd
Lingfield House
Lingfield Point
Darlington
County Durham
DL1 1RW

TELEPHONE

If you require any further information, please contact us by means of any of the above or telephone the office on:
01325 776 554

Personal Details			
Name			
Date of Birth	D:	M:	Y:
Funding Authority			
Address			
Town / City			
Postcode			
Telephone Number			

Present Location (if different from above)			
Address			
Town / City			
Postcode			
Date of Referral	D:	M:	Y:
Assessed as having 'substantial difficulty' with engaging with the process.			
Yes		No	
Assessed as having no appropriate person to support them with the process.			
Yes		No	
If there are friends or family involved with the client, but these people are not appropriate to consult please say why.			

Area of Support	
Safeguarding	
Carer's assessment	
Needs assessment	
Preparation of a care / support plan	
Review of care / support plan	
Other (Please specify to confirm eligibility).	

Consent	
Has the individual given consent for this referral?	
Yes	No
If the person cannot give consent, please explain how it has been determined that a Care Act advocacy referral is appropriate:	

Culture and Communication

Language spoken	
Gender	
Sexuality / marital status	
Ethnicity	
Religion	
Disability	

What can you tell us about how the person communicates?

Are there any risks to the Care Act advocate involved in this referral, please explain:

Are there any risks to the individual who is the subject of this referral? Please explain:
(Allergies, triggers, etc)

Job description	
Location	

Signed	Date
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