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| Advocacy for adults (16 +) and older adults (65+) in South Lanarkshire |
| **Return via email to south.referrals**[**@equalsay.org**](file:///C%3A%5CUsers%5Cbrenda%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CN8UHQUHM%5Cbrenda%40equalsay.org) |
| ***Date*** |  |

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| **Advocacy Partner Details** |
| ***Name*** |  | ***Date of birth*** |  |
| ***Gender*** | Male  |[ ]  Female |[ ]  Other |[ ]  Prefer not to say |[ ]
| ***Ethnicity*** | White |[ ]  Black |[ ]  Asian |[ ]  Mixed Background |[ ]  Not known |[ ]
|  | Other  |[ ]   |
| ***Client Group*** | Learning Disability  |[ ]  Mental Health |[ ]  Physical Disability |[ ]  Long Term Condition |[ ]
|  | Addiction  |[ ]  Acquired Brain Injury |[ ]  Dementia |[ ]  Older Person |[ ]
|  | Other (please give details) |[ ]   |
| ***Telephone 1*** |  | ***Telephone 2*** |  |
| ***Email*** |  |
| ***Any communication needs we should consider to communicate effectively?*** |  |
| ***Address*** | ***Current location*** *(if not at home)* |
| ***Home Address 1*** |  |  |
| ***Home Address 2*** |  |  |
| ***Home Address 3*** |  |  |
| ***Postcode*** |  | ***Postcode***  |  |

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| ***Is there anything we need to know to keep everyone safe?***Please include any knowledge you have of the partner for us to include in our risk assessments for visits |
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| **Referrer Details** |
| ***Referred by*** | Social Work  |[ ]  Self |[ ]  Family |[ ]  Equal Say |[ ]  Service Provider |[ ]  MHO |[ ]
|  | Health  |[ ]  Addictions  |[ ]  Other |[ ]   |
| ***Name*** |  |
| ***Relationship*** |  | ***Telephone*** |  |
| ***Email*** |  |
| ***Confidential referral?*** *(i.e. Keep my identity secret)* | YES |[ ]  NO  |[ ]
| ***Has this referral been discussed with the advocacy partner?***  | YES  |[ ]  NO  |[ ]

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| **Relevant Details:** background, presenting issues, agencies working with the person, communication style etc. |
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| **Why are you making this referral? What is your expectation of advocacy?** |
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| ***Legislation*** | AWI  |[ ]  ASP |[ ]  CP |[ ]  MHA |[ ]  None |[ ]
| ***Next meeting***  |  |
| ***Date*** |  | ***Time*** |  |
| ***Location*** |  |
| ***Contact*** |  |
| ***Guardianship or Power of Attorney?*** | Welfare Guardian  |[ ]  Power of Attorney |[ ]  Financial Guardian |[ ]
| ***Name*** |  | ***Telephone*** |  |
| ***Relationship*** |  | ***Email*** |  |

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| **Other Agencies/ Contacts** |
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