Blackburn with Darwen Advocacy Hub

n|compass
towards a brighter future

CONFIDENTIAL

First Name:		Surname:	
Date of Birth:			
Home Address & Postcode:			
Current location if different from above **(including telephone and ward details)**			
Telephone Number:			
Mobile Number:			
Email Address:			
Funding Authority:			
Preferred method of contact:	Phone Email Post		

Does this person have any communication needs?	
Please detail any known risks	

CONSENT - Advocacy Operates under the GDPR Guidelines

If the person being referred is deemed to lack capacity, please sign below to say that you are referring in the client's best interest

Is this child or young person aware of the referral?	☐ Yes ☐ No
Signature of referrer:	

Gender:	☐ Male ☐ Female, male at birth ☐ Non-binary	☐ Female ☐ Male, female at birth	☐ Prefer not to say ☐ Other, please specify
Pronouns:	☐ He/him ☐ She/her ☐ They/them		____________
Sexual Orientation:	☐ Asexual ☐ Gay/Lesbian	☐ Bisexual ☐ Prefer not to say	☐ Heterosexual ☐ Other, please specify ____________
Disability:	☐ Acquired brain injury ☐ Carer ☐ Dementia ☐ Long term health condition ☐ Autism ☐ Communication difficulties	☐ Multiple impairments ☐ Older person ☐ Sensory impairment ☐ Substance misuse ☐ Learning disability ☐ Mental health	☐ Neurological conditions ☐ Physical disability ☐ Stroke ☐ Other (please specify) ____________
Ethnic Origin:	☐ African ☐ Black/Black British ☐ European ☐ Mixed heritage ☐ White Irish ☐ Other, please specify:	☐ Arab/British Arab ☐ Carribean ☐ Gypsy/Roma ☐ Pakistani ☐ White other ____________	☐ Asian/British Asian ☐ Chinese ☐ Indian ☐ White British ☐ Prefer not to say

Religion:	☐ Atheist ☐ Catholic ☐ Christian ☐ Jewish	☐ Sikh ☐ Buddhist ☐ Hindu ☐ Muslim	☐ Jehovah Witness ☐ Not known ☐ No religion ☐ Other, please specify: ____________

Please provide Referrer and Decision-Maker details

	Referrer	Decision Maker
Name:		
Job/Role:		
Organisation/Team:		
Telephone:		
Email:		
Referral Date:		

Safe parent/Carer/Guardian details

Name:	
Relationship to Child or Young Carer:	
Telephone Number:	
Mobile Number:	
Is this child or young person aware of the referral?	☐ Yes ☐ No

Upcoming meetings

Are there any upcoming meetings that we need to be aware of? Please can you detail below providing dates, time and location (in person or virtual):

Area of Advocacy required

Children & Young Person's Advocacy Under Children Act :	☐ Child in Need Plan / Section 17 ☐ Child Protection / Section 47 Enquiry (ICPC) ☐ Looked after Child/ Section 20 ☐ Child Protection Plan / Section 47 ☐ Interim Care Order ☐ Full Care Order	☐ Care Leaver (Post 18) ☐ Social Care Complaint

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Young Person Preparing for Adulthood - Advocacy Only Under Care Act

Children's Care Act Advocacy - please complete all below sections for us to be able to triage the referral

Children's Care Act Advocacy		Care Act for Young Carers	
Assessment	Review	Safeguarding	Support Planning
Will this person have substantial difficulty in being involved with the process?	Yes	No	
Has the client been deemed as having no appropriate person to facilitate the client's engagement in the process?	Yes	No	

Independent Mental Capacity Advocacy (IMCA) - please complete all below sections for us to be able to triage the referral

Serious Medical Treatment	Change in Accommodation	Safeguarding
Care Review	Rule 1.2 Rep	CoP DoL paperwork attached
Has the client been assessed as lacking capacity around this issue?	Yes	No
Has the client been deemed to not have appropriate friends or family who can be consulted?	Yes	No
Date of capacity assessment:		
Who completed the capacity assessment?		
Any upcoming meeting dates?		

Referral Reason

Additional Professionals - Contact Details

Please return this form to -
Email: **referral@bwdadvocacyhub.org.uk** Phone: **033 000 222 00**
Post: **BwD Advocacy Hub n-compass, 1 Edward VII Quay, Navigation Way, Preston, PR2 2YF**
Website: **www.blackburnwithdarwenadvocacyhub.org.uk**

Blackburn with Darwen Borough Council

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