Bury Advocacy Hub

n|compass
towards a brighter future

CONFIDENTIAL

Client Name:	
Date of Birth:	
NHS Number:	
Home Address & Postcode:	
Funding Local Authority:	
Telephone Number:	
Email Address:	
Present location, postcode, tel. (if different from above) **If hospital please include ward number**	

CONSENT - Advocacy Operates under the GDPR Guidelines

Has client consented to this referral?	
For statutory: if the client is **not able** to consent, are you giving us instruction? (IMHA, IMCA, CAA)	

Gender:		Ethnicity:	
Disability:			

Gender Identity:		Marital Status:		Religion:	

Sexual Orientation:	

Preferred method of contact: Phone Email Post

Please detail any **risks** that the client may pose to N-Compass Staff that we should be aware of:

	REFERRER DETAILS	DECISION MAKER DETAILS
Name:		
Job/Role:		
Organisation/Team:		
Telephone:		
Email:		
Referral Date:		

ADVOCACY SERVICE INFORMATION

Only complete information for the specific type of advocacy you are referring for. If you answer no to any questions in that section you will not meet the criteria but may still be eligible for generic advocacy.

CARE ACT ADVOCACY   CARE ACT ADVOCACY FOR 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 by the referrer as having no appropriate person to facilitate the clients engagement in the process ? ☐ Yes ☐ No

INDEPENDENT MENTAL CAPACITY ADVOCACY (IMCA)

Serious Medical Treatment   Change in Accommodation   Safeguarding   Care Review

Has this client been deemed to not have appropriate friends or family who can be consulted? ☐ Yes ☐ No

Has this person been assessed as lacking capacity around this issue? ☐ Yes ☐ No

Date the capacity assessment was undertaken? ____________________

Who completed the capacity assessment? ____________________

INDEPENDENT MENTAL HEALTH ADVOCACY (IMHA)

Section 2   Section 3   Community Treatment Order   Other ____________________

What ward are they currently on? ____________________

When did the section begin? ____________________

GENERIC ADVOCACY

Is the issue regarding health or social care? ☐ Yes ☐ No

Is this person an informal patient on a psychiatric ward? ☐ Yes ☐ No

HEALTH COMPLAINTS ☐ Yes ☐ No

REFERRAL REASON (Please add any Relevant information inc. meeting dates)

Please return this form to -
Email: **referral@buryadvocacyhub.co.uk** Phone: **0300 3030 206**
Post: n-compass Advocacy, 1 Edward VII Quay, Navigation Way, Preston, PR2 2YF www.buryadvocacyhub.co.uk