

CONFIDENTIAL

Client Name:	
Date of Birth:	
NHS Number:	
Home Address & Postcode:	
Funding Local Authority:	
Telephone Number:	
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:	
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Sexual Orientation:	
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Preferred method of contact: Phone Email Post

Does this person have any communication needs?
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

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 the issue in relation to Parental Advocacy? Yes No
- Social Care Complaints Yes No

HEALTH COMPLAINTS

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

HOW DID YOU HEAR ABOUT THE SERVICE?

Please tick as to how you heard about the Knowsley Advocacy Hub. Your responses are valuable to ensure the hub reaches as many people as possible.

LVV Housing

IKAN

NHS Services

DWP

CAB

Adult Social Care

Presentation

Word of Mouth

Previous user of service

Mental Health Team

Mental Health Wards

Internet search

Imagine Independence

Carer Service

KPAIS

Healthwatch/PALS

Other: _____

Please return this form to -

Email: referral@knowsleyadvocacyhub.org.uk Phone: 0300 3030 624

Post: Knowsley Advocacy Hub n-compass, 1 Edward VII Quay, Navigation Way, Preston, PR2 2YF

Website: www.knowsleyadvocacyhub.org.uk Online Chat: www.n-compass.org.uk/services/advocacy-service