

Date received:



# Care Act Advocacy Referral Form

This form is for use by Derbyshire County Council staff only

|                                 |  |                |
|---------------------------------|--|----------------|
| Client Name:                    |  | Date of birth: |
| Current address:                |  |                |
| Home address:<br>(if different) |  |                |
| Contact number:                 |  |                |

|      |                          |        |                          |
|------|--------------------------|--------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|

|               |                          |                 |                          |                         |                          |             |                          |                   |                          |
|---------------|--------------------------|-----------------|--------------------------|-------------------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|
| White British | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> | White & Black Caribbean | <input type="checkbox"/> | Indian      | <input type="checkbox"/> | Other Mixed White | <input type="checkbox"/> |
| Irish         | <input type="checkbox"/> | Black African   | <input type="checkbox"/> | White & Black African   | <input type="checkbox"/> | Pakistani   | <input type="checkbox"/> | Other Asian       | <input type="checkbox"/> |
| Other White   | <input type="checkbox"/> | Other Black     | <input type="checkbox"/> | White & Asian           | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Chinese           | <input type="checkbox"/> |

**Client need** (tick all that apply)

|                        |                          |                          |                          |                       |                          |                           |                          |
|------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|---------------------------|--------------------------|
| Mental Health Problems | <input type="checkbox"/> | Learning Disability      | <input type="checkbox"/> | Acquired brain damage | <input type="checkbox"/> | Autism Spectrum Condition | <input type="checkbox"/> |
| Dementia               | <input type="checkbox"/> | Serious Physical Illness | <input type="checkbox"/> | Cognitive Impairment  | <input type="checkbox"/> |                           | <input type="checkbox"/> |
| Other: (give details)  |                          |                          |                          |                       |                          |                           |                          |

Has the client been deemed to have **substantial difficulty** in engaging with the process(es)?

Yes   
No\*

\*if the answer is 'no' the client will not qualify for advocacy support under the Care Act

Has the client been deemed to have no **appropriate person** to support them?

Yes   
No\*

\*if the answer is 'no' the client will not qualify for advocacy support under the Care Act

Date received:

**Reason for referral:**

|  |  |
|--|--|
| A needs assessment (under Section 9)                                   |  |
| A carers assessment (under section 10)                                 |  |
| Preparation of a care and support plan (under Section 25)              |  |
| A review of a care and support plan (under Section 27)                 |  |
| A child's needs assessment (under section 58)                          |  |
| A child's carer's assessment (under section 60)                        |  |
| A young carer's assessment (under section 63)                          |  |
| A safeguarding enquiry or Safeguarding Adult Review (under section 68) |  |

**Level of priority** (please ✓):

| HIGH   | MEDIUM   | LOWER   |
|--|--|---|
| <ul style="list-style-type: none"><li>At immediate risk of significant abuse or neglect</li><li>Urgent assessment or review required</li></ul> | <ul style="list-style-type: none"><li>At risk of abuse or neglect</li><li>Non-urgent assessment or review of care and support needs due to changes</li></ul> | <ul style="list-style-type: none"><li>Routine review of care and support needs where there have been no significant changes</li><li>No current risk of abuse or neglect</li></ul> |

**Referrer:**

|                       |
|-----------------------|
| Name:                 |
| Job Title:            |
| Team/Local Authority: |
| Address:              |
| Telephone:            |
| Email:                |

|   |
|---|
| Please detail any risk issues our staff should be aware of: |
|---|

**Post to:** TBC

**Email to:** [enquiries@derbyshireindependentcommunityadvocacy.org.uk](mailto:enquiries@derbyshireindependentcommunityadvocacy.org.uk)

Visit [www.derbyshireindependentcommunityadvocacy.org.uk](http://www.derbyshireindependentcommunityadvocacy.org.uk) or Call 01332 623732