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| **Office use only:** | **Date referral received** | Click or tap here to enter text. | **Self-referral taken by** | Click or tap here to enter text. |

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| **Referral Form** | | | | | | |
| **Please fill in as much of this form as possible – the more information you give us, the quicker we can process the referral. Information from this form will be held by Connected Voice Advocacy in accordance with the Data Protection Act.** | | | | | | |
| **Section A** | **Type of referral** | | | | | |
| Are you making this referral about yourself? **If yes please fill in Sections A,B,D,E,G,H** | | | | Yes |  | |
| No |  | |
| Are you making this referral on behalf of someone else? **If yes please fill in all Sections** | | | | Yes |  | |
| No |  | |
| If on behalf of someone do they know this referral is being made? | |  | May we contact them directly? | | |  |

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| **Section B** | **Details of person needing advocacy**  *(please fill in white boxes or, if filling in electronically, click on white boxes to enter text)* | | | | | | | | | | | | | | | |
| First name/s | |  | | | | | | | Last name | | |  | | | | |
| Name known as (if different) | | | | | | | Click or tap here to enter text. | | | | Date of birth | | |  | | |
| Current address | | |  | | | | | | | | | | | | | |
| Postcode | | | | |  | | | | | | | | |
| Telephone number | | | |  | | | | | | Mobile number | | |  | | | |
| Email | | | | |  | | | | | | | | | | | |
| Other address (if relevant): | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Postcode | | | | | Click or tap here to enter text. | | | | | | | | |
| Preferred language/s | | | | | |  | | | | | | Is an interpreter required? | | | Yes |  |
| No |  |
| Communication needs | | | | | | Click or tap here to enter text. | | | | | | | | | | | |

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| **Section C** | **Person making the referral**  (if the referral is on behalf of someone else) | | | | | | | | | | | | | | | |
| First name/s | | Click or tap here to enter text. | | | | | | | | Last name | | | Click or tap here to enter text. | | | |
| Job title (if any) | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Organisation (if any) | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Address | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Postcode | | | Click or tap here to enter text. | | | | | | | | | | |
| Telephone number | | | | Click or tap here to enter text. | | | | | Mobile number | | | Click or tap here to enter text. | | | | |
| Email | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Relationship to person being referred | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| Where did you hear about Connected Voice Advocacy | | | | | | | | Click or tap here to enter text. | | | | | | | | |
| **Section D** | **Reason for referral**  *(please provide a brief summary):* | | | | | | | | | | | | | | | |
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| Does the person have mental capacity to instruct around this issue/these issues? | | | | | | | | | | | **Yes** | | |  | **No** |  |
| Are there any urgent meetings planned? (please specify): | | | | | | | | | | | **Yes** | | |  | **No** |  |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Are there any safeguarding issues? (please specify): | | | | | | | | | | | **Yes** | | |  | **No** |  |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | |

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| **Section E** | **Key people involved** | | | | | | |
| **GP** | | First name | | Click or tap here to enter text. | | Last name |  |
| Surgery | |  | | | | | |
| Surgery address | |  | | | | | |
| Postcode | Click or tap here to enter text. | | | | |
| Telephone number | |  | | | Email | Click or tap here to enter text. | |
| **Consultant** (if any) | | First name | | Click or tap here to enter text. | | Last name | Click or tap here to enter text. |
| Consultant address | | Click or tap here to enter text. | | | | | |
| Postcode | Click or tap here to enter text. | | | | |
| Telephone number | | Click or tap here to enter text. | | | Email | Click or tap here to enter text. | |
| **Social worker/Care Coordinator** | | First name | | Click or tap here to enter text. | | Last name | Click or tap here to enter text. |
| Team | | Click or tap here to enter text. | | | | | |
| Social Worker/  Care Coordinator address | | Click or tap here to enter text. | | | | | |
| Postcode | | Click or tap here to enter text. | | | |
| Telephone number | | Click or tap here to enter text. | | | Email | Click or tap here to enter text. | |
| **Other key people involved** (if any) | | Click or tap here to enter text. | | | | | |

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| **Section F** | **Risk information**  *(please cross boxes that apply and comment below - we cannot accept this referral if no box is crossed)* | | | |
| No known risk | |  | Risk of harm due to medication/medical condition |  |
| Risk of deliberate self-harm | |  | Risk of suicide |  |
| Risk of severe self-neglect | |  | Risk of domestic violence/abuse |  |
| Risk of adult abuse | |  | Risk of violence/harm to others |  |
| Risk to a child | |  | Risk to staff |  |
| Risk of exploitation | |  | Risk of radicalisation |  |
| **If you have crossed any of the above boxes please provide details of risk:** | | | | |
| Click or tap here to enter text. | | | | |

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| **Section G** | **Profile of person needing advocacy** | | | | | | | | | | | | | |
| **Diversity is important to us. We collate information to help us shape our services to represent the needs of our communities and to fight for a fairer society. You can help by giving us the following information about how you describe yourself. If you are referring someone, please discuss how they describe themselves and complete. We will keep this information confidential and will only use it anonymously.** | | | | | | | | | | | | | | |
| **Gender: Which of the following options best describes how you think about yourself?** *(Please cross box that applies)***.** | | | | | | | | | | | | | | |
| Female | | | | |  | | In another way (please describe): | | | | | |  | |
| Click or tap here to enter text. | | | | | |
| Male | | | | |  | | Prefer not to say | | | | | |  | |
| **Disability:** *(please cross all boxes that apply)* | | | | | | | | | | | | | | |
| **Do you consider yourself to have a disability, as defined by the Disability Discrimination Act, which has a substantial and long-term (has lasted or is expected to last at least 12 months) adverse effect on your ability to carry out normal day-to-day activities?** | | | | | | | | | | | | | | |
| Yes | |  | No | | |  | | | | Prefer not to say |  | | | |
| **If yes please tell us about the nature of your disability:** | | | | | | | | | | | | | | |
| Mental health needs (please describe): | | | | | | | |  | Physical disability (please describe): | | | | |  |
| Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | |
| Learning disability (please describe): | | | | | | | |  | Autistic spectrum | | | | |  |
| Click or tap here to enter text. | | | | | | | |
| Neurological condition (please describe): | | | | | | | |  | Other (please describe): | | | | |  |
| Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | |
| **Sexuality: Which of the following options best describes how you think of yourself** *(please cross box that applies)***.** | | | | | | | | | | | | | | |
| Heterosexual/straight | | | |  | | | Bisexual | | | | |  | | |
| Lesbian | | | |  | | | Gay man | | | | |  | | |
| In another way (please describe): | | | |  | | | Prefer not to say | | | | |  | | |
| Click or tap here to enter text. | | | |

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| **Ethnic origin: Choose one option which best describes your ethnic group or background** *(please cross box that applies)***. Categories based on Census 2011 categories.** | | | | | |
| **Asian** British/Bangladeshi | |  | **White** British | |  |
| **Asian** British/Indian | |  | **White** Irish | |  |
| **Asian** British/Pakistani | |  | **White** Gypsy/Traveller | |  |
| **Asian** British/Chinese | |  | Any other **White** background (please describe): | |  |
| Click or tap here to enter text. | |
| Any **other** **Asian** background (please describe): | |  | **Mixed** Asian and White | |  |
|  | |
| **Black** British/Black African | |  | **Mixed** Black African and White | |  |
| **Black** British/Black Caribbean | |  | **Mixed** Black Caribbean and White | |  |
| Any **other Black/African/Caribbean** background (please describe) | |  | Any **other Mixed/multiple ethnic** background (please describe): | |  |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Any **other** **Ethnic group** (please describe): | |  | Prefer not to say/Not known/Not given | |  |
| Click or tap here to enter text. | |
| **Country of origin/cultural identity: How do you describe your country of origin/cultural identity?** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Religion/belief: Which group do you most identify with?** *(please cross box that applies)* | | | | | |
| Buddhist |  | | Jewish |  | |
| Christian |  | | Muslim |  | |
| Hindu |  | | Sikh |  | |
| No religion |  | | Prefer not to say |  | |
| In another way (please describe): |  | |  | | |
| Click or tap here to enter text. |

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| **Section H** | **Signature** | | | | |
| **Because of the Data Protection Act a signature is needed to say that you agree to Connected Voice Advocacy securely holding personal information (including the information on this form), on a computer and in a filing system. It is the policy of Connected Voice Advocacy that all personal data will be held in accordance with the principles and requirements of Data Protection and other relevant legislation, and that procedures will be put in place to ensure the fair processing of data relating to individuals. CVA is a confidential service.**  **I agree that Connected Voice Advocacy can securely hold and put on computer and in a filing system, the information on this form:** | | | | | |
| Print name: | |  | | | |
| Signature (not required if emailing): | |  | | Date: |  |
| **Check that you have completed all necessary fields and provided ALL necessary information before returning the form to:** | | | | | |
| **Connected Voice Advocacy**  One Strawberry Lane  Newcastle upon Tyne NE1 4BX | | | Email: [advocacy@connectedvoice.org.uk](mailto:advocacy@connectedvoice.org.uk)  Telephone: 0191 235 7013  Website: [www.connectedvoice.org.uk](http://www.connectedvoice.org.uk) | | |

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| Connected Voice-CMYK No Strap | Connected Voice is a registered charity (number 1125877) and company limited by guarantee (number 6681475) registered in England and Wales. Our registered office is as above. |