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| **Your Support Matters - Referral Form****Please return the completed form to** **info@yoursupportmatters.com Incomplete** **forms may be returned****Any enquiries, please call: 07562 685376****please note, that we can’t offer Independent Mental Capacity Advocacy (IMCA) or Independent Mental Health Advocacy (IMHA) / Health Complaints Advocacy at this time**  |
| **Name**: |
| **Date of Birth**: |
| **Local Authority or ICB**  |
| **Gender:** [ ]  Male [ ]  Female [ ]  Other [ ]  Prefer Not to Say [ ]  Transgender [ ]  Non-binary  |
| **Ethnicity** -**Asian or Asian- British** [ ]  **Indian** [ ]  **Pakistani** [ ]  **Bangladeshi** [ ]  **Chinese** [ ]  **Any other Asian background****Black, Black British, Caribbean, or African-** [ ]  **Caribbean** [ ]  **African** [ ]  **Any other Black, Black British, or Caribbean background** **Mixed or multiple ethnic groups-** [ ]  **White and Black Caribbean-** [ ]  **White and Black African** [ ]  **White and Asian Any other Mixed or multiple ethnic background** [ ] **White-** [ ]  **English, Welsh, Scottish, Northern Irish or British** [ ]  **Irish** [ ]  **Gypsy or Irish Traveller** [ ]  **Roma** [ ]  **Any other White background –** **Other ethnic group Arab** [ ]  |
| **First Language**  |
| **Does the person Identify as a disabled person** [ ] **Yes** [ ]  **No**  **if Yes what is the Nature of impairment/disability ?**   |
| **Telephone No**: |
| **Address (please include postcode)**: |
| **Does the person live alone?** [ ] **Yes** [ ]  **No**  |
| **Do we need to be aware of any risks associated when working with the individual? i.e. Pets / Safeguarding / Lone Working etc.?** |
| **Is there a named social worker / Casework** [ ] **Yes** [ ]  **No**  |
| **Is there a team of PAs in plaice already** [ ] **Yes** [ ]  **No**  |
| **Is there a support plan / care plan in place** [ ] **Yes** [ ]  **No if so, please attach it to this form**  |
| **Communication needs (e.g. large print, hearing impairment, interpreter** |
| **Important you must complete the section below**  |
| **Services that the person has received past or present that you know of Please provide names and telephone number /emails if you can**  |
| **Confirmation of Consent:** *“****In line with General Data Protection Regulation legislation (2018), I confirm that by making this referral for the above named individual, I have gained the appropriate informed consent of the individual named”*** | **Please Confirm****YES / NO** |
| **Contact Details of Referrer (please include your name, organisation & telephone number):****Please select from the below which sector your organisation is from:**[ ] Voluntary & Community Sector [ ]  Local Authority [ ] NHS Sector [ ]  Brokerage [ ]  Private Sector  |
| **Select from the below the reasons for this referral** **Please note, we can only offer one service per referral** [ ] PA Recruitment / ongoing support [ ]  Advocacy is this a Spot Purchase Advocacy Yes [ ]  No[ ]  a Spot Purchase Advocacy is advocacy work purchased on a case-by-case basis, rather than provided as part of our main commissioned contract. [ ]  Support plan guidance or Brokerage referral [ ]  Advice  |
| any Additional information that we should be aware of  |

**Please return this completed referral form to info@yoursupportmatters.com, We aim to respond to all new referrals within 2-5 Working days please be aware this could take slightly longer depending on the referrals that we receive and in our day-to-day operations. Also Please note, we can only offer one service per referral**