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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**