**Living Well Advocacy Service Referral Form**

**SWAN can only accept a referral if the person needing an advocate has given their consent. If you believe they do not have the capacity to consent please give brief details on the ‘additional information’ section of this form.**

How did you hear about SWAN?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Are you asking for an advocate for yourself? | YES NO |
| If asking for an advocate for someone else have they given their consent? | YES NO |
| May we contact the client directly? | YES NO |
| If not, whom should we contact? |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client information (the client is the adult who is in need of an advocate)** | | | | | | | | | | | |
| **Full name: Mr/ Mrs/ Ms /Miss** | | | | | | | | **Date of birth:** | | | |
| **Gender: male/female/transgender** | | | | | | | | **Risks: Pets/ smoker?** | | | |
| **Address at point of referral (eg. Home, Hospital)**  **Postcode:**  **Phone numbers at point of referral:**  **Email address:** | | | | | | | | **Please circle any criteria which apply to the client:** | | | |
| **Learning Disability** | | **Physical disability** | |
| **Mental ill health (including dementia)** | | **Sensory Impairment** | |
| **Ageing (over 60)** | | **Carer** | |
| **Please circle any criteria which apply to the client:** | | | | | | | | | | | |
| Physical ill health | Learning Disability | Mental ill health | Sensory impairment | Ageing | | | Autism | | Dementia | |  |
| **Does the client have any special needs we should consider when visiting, or arranging to meet with them, (eg. do they have difficulty in communicating verbally/in writing, is there a good time to call/visit?)** | | | | | | | | | | | |
| **Client’s ethnic origin (please indicate as appropriate – for service monitoring purposes only)** | | | | | | | | | | | |
| White British | White Irish | Black Caribbean | White/Black Caribbean | White/Asian | | | Bangladeshi | | Indian | | Chinese |
| Other White background | Black African | Other black background | White/Black African | Other mixed background | | | Pakistani | | Other Asian background | | Other Ethnicity |
| **Client signature (consent):** | | | | | | | | | | | |
| **Referrer Information (if other than the client)** | | | | | | | | | | | |
| **Full name:** | | | | | **Job title (if appropriate)** | | | | | | |
| **Address:**  **Postcode:** | | | | | **Telephone no:**  **Email address:** | | | | | | |
| **Relationship to client:** | | | | | | |
| **Additional Information** - Please state any pertinent information about the client (any information will be shared with the client unless the client is deemed not to have the capacity to instruct). | | | | | | | | | | | |
| **Signature of referrer (if making a referral on another’s behalf)** | | | | | | **Name of Referrer:** | | | | | |