**IMHA Professional / 3rd Party Referral Form – Bristol**

**NB: 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.**

***Please complete all sections otherwise the referral will be returned to you and will delay the referral being processed; this includes the monitoring questions at the end of the form.***

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| This is a referral form for professionals or family members/ Friends. | | If Yes, how did you hear of Swan? | | |
| If you are asking for an advocate for someone else, have they given their consent? Yes/No  Please complete the ‘Client information’ and ‘Referrer information’ sections of this form. | | | | |
| May we contact the client directly? Yes/No  If not, whom should we contact? | | | | |
| **Referrer information (if other than the client)** | | | | |
| **Full name** | **Job title (if appropriate)** | | | |
| **Address**  **Postcode** | | | | **Tel. no;**  **Email address;** |
| **Relationship to client;** | | | | |
| **Client information (the client is the adult who is in need of an advocate)** | | | | |
| **Name Mr/Mrs/Miss:** | | | **Date of birth:** | |
| **Address at point of referral (eg. Hospital)**  **Postcode:**  **Phone no at point of referral:** | | | **Please tick any criteria which apply to the client:**   * Learning Disability * Physical Disability * Mental Ill Health (Inc Dementia) * Sensory Impairment * Aging (Over 60) * Carer * Autistic spectrum * Acquired Brain Injury * Cognitive Impairment * Serious Physical Illness * Drug/Alcohol Issues * Substantial Difficulty * Other | |
| **Home address (if different from above):**  **Postcode:**  **Home phone no:**  **Mobile no:**  **Email:** | | | **Is the client: (please indicate eligibility**   * Detained under MHA Section 2 * Detained under MHA Section 3 * Subject to a CTO * Subject to a Guardianship order * Subject to a restricted conditional discharge * Considered for Section 57 treatment * Under 18 & considered for ECT * Under 18 and considered for sec 58A * Informal Inpatient on a Mental Health Ward. | |
| Does the client have any communication needs we should consider when visiting?  (Would they like the advocate to use easy read, or pictures? Would they need any information translated into another language? Do they need an interpreter?) | | | | |
| **Are there any risks that we should be aware of when visiting or arranging to meet with the client** eg. Pets at the home, Substance/Tobacco use, Behavioural issues, Neighbourhood concerns, Risk of self harm/Suicide, other members of the household | | | | |
| **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.** | | | | |
| **CONSENT Due to the Data Protection Act 1998, we need signed authorisation to say that the individual agree to SWAN holding personal information (including the information provided on this referral)**  NB If an electronic signature isn’t used, the return of this form is a presumption of a signature | | | | |
| **Signed Referrer Signed Client**  **Date** | | | | |

**The Equality Information information on this page is required for service monitoring purposes only. Please tick as appropriate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnic Origin** | | **Religion or Belief** | | **Language** | |
| **White** |  | Bahi |  | What is your first language? | |
| English/Welsh/Scottish/Northern Irish/British |  | Buddhism |  |  | |
| Irish |  | Christianity |  |
| Gypsy or Irish Traveller |  | Hinduism |  | **Carers** | |
| European |  | Humanism |  | Do you provide care for anyone who has a form of disability or terminal illness? | |
| **Mixed/Multiple ethnic groups** |  | Islam |  | Yes |  |
| White and Black Caribbean |  | Judaism |  | No |  |
| White and Black African |  | Paganism |  | **Prefer not to say** |  |
| White and Asian |  | Sikhism |  |  |  |
| **Asian/Asian British** |  | Other |  |  |  |
| Indian |  |  |  |  |  |
| Pakistani |  | **Prefer not to say** |  |  |  |
| Bangladeshi |  |  |  |  |  |
| Chinese |  |  |  |  |  |
| Asian Other |  |  |  |  |  |
| **Black** |  |  |  |  |  |
| Black African |  |  |  |  |  |
| Black British |  |  |  |  |  |
| Black Caribbean |  |  |  |  |  |
| Black Other |  |  |  |  |  |
| **Other Ethnic Group** |  |  |  |  |  |
| Arab |  |  |  |  |  |
| **Prefer not to Say** |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Gender** | | **Sexuality** | |
| **The client Identifies as:** |  | **The Client Identifies as:** |  |
| Male |  | Queer |  |
| Female |  | Bisexual |  |
| Trans Man |  | Pansexual |  |
| Trans Woman |  | Gay |  |
| Intersex |  | Lesbian |  |
| Non-Binary |  | Heterosexual |  |
| Genderqueer |  | Asexual |  |
| Other |  | Other |  |
| Prefer not to say |  | Prefer not to say |  |