**SWAN ICAA Advocacy Referral Form Adults**

**Adults**

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| **To check eligibility for a referral into the service for an ICAA please click on the link below:**<https://swanadvocacy.org.uk/services/advocacy-services/>*Kindly ensure all sections of the referral form are completed, as incomplete forms may be returned and could delay your referral.* |
| **Has this client been formally assessed as having a substantial difficulty as defined in the Care Act 2014?** |
|[ ]  Yes |[ ]  No |
| **Name and job title of assessor:** |  |
| **Date of assessment:** | DD/MM/YYYY |
| **Issue for which they were assessed:** |  |
| **Does the client have any family or close friends appropriate to support them?** |[ ]  Yes |[ ]  No |
| **If there are family and or friends, why is an advocate needed?** *Care Act Guidance state advocacy is needed where there is no other appropriate adult to help them.* |
|  |
| **Client Details***(the client is the adult needing an advocate)* |
| **Name:** |  |
| **Preferred Name:** |  |
| **Pronouns:** |  |
| *(if known)* |
| **Address at Point of Referral:** *(if hospital, please include ward name)* |
|  |
| **Postcode:** |  | **Contact name at address if not client:** |  |
| **Telephone No.** |  |
| **Email Address:** |  |
| **Home Address:** *(if different)* |
|  |
| **Postcode:** |  | **Contact name at address if not client:** |  |
| **Date of Birth:** | DD/MM/YYYY | **Sexual Orientation:** | Sexual Orientation |
| **Ethnicity:** | Ethnicity | **Religion:** | Religion | **Gender:** | Gender |
| **Is their gender the same as assigned at birth?** | [ ]  Yes | [ ]  No | [ ]  Prefer not to say |
| **Do they have any disabilities:** *(please tick all that apply)* |
|[ ]  Chronic or long-term condition |[ ]  Learning disability |[ ]  Mental illness |
|[ ]  Chronic or long-term pain |[ ]  Memory |[ ]  Mobility |
|[ ]  Hearing |[ ]  Neurodivergent |[ ]  Neurological condition |
|[ ]  Speech or language |[ ]  Stamina, breathing or fatigue |[ ]  Vision |
|[ ]  Other |[ ]  Prefer not to say |
| **If other, please specify:** |  |
| **Is the client a carer?** |[ ]  Yes |[ ]  No |[ ]  Prefer not to say |
| **Has the client ever served in the Armed Forces?** |[ ]  Yes |[ ]  No |[ ]  Prefer not to say |
| **Best way to contact client:** |  |
| **Referral Details** |
| **Support required for:** |
| An independent advocate must be appointed to support and represent the person for the purpose of assisting their involvement if these two conditions are met and if the individual is required to take part in one or more of the following processes: |
|[ ]  Needs assessment |
|[ ]  Carers assessment  |
|[ ]  Preparation of a Care & Support or Support Plan |
|[ ]  Review of Care & Support or Support Plan |
|[ ]  Safeguarding Section 42 enquiry or review\* |
|[ ]  Appeal against Local Authority decision under part one of the Care Act |
| \**We are unable to provide advocacy unless a Section 42 enquiry has been opened.* |
| **Additional information or comments relating to any of the above:** |
|  |
| **Any vulnerabilities we should consider when visiting, contacting or arranging to meet with them?**(e.g. do they have difficulty in communicating verbally/in writing, mental health issues, substance use etc.) |
|  |
| **Are there any risks that we should be aware of when visiting or arranging to meet the client?** |
|  |
| **Any communication needs:** |  |
| **Any key information and/or key dates:** |  |
| **Name of Local Authority Practitioner involved with this issue:** |
| **Full Name:** |  | **Job Title:** |  |
| **Address**: | **Team:** |  |
|  | **Locality:** | Choose an item. |
|  | **Tel:** |  |
| **Postcode:** |  | **Email:** |  |
| **Referrer Details** *(if different to above)* |
| **Full Name:** |  | **Job Title:** |  |
| **Address**: | **Team:** |  |
|  | **Tel:** |  |
| **Postcode:** |  | **Email:** |  |
| **In making this referral, I declare that:** * **I wish to request advocacy support from South West Advocacy Network (SWAN).**
* **I understand that client information supplied on this form will be stored safely on SWAN’s system.**
* **I confirm that I have consent from the client to make the referral or I have the authority to make the referral for the client.**

By requesting advocacy support, you give consent to SWAN sharing information where necessary for the purpose of providing this service. All data held by SWAN is held in accordance with the current UK General Data Protection Regulations legislation. |
| **What happens next?****Email this form to** **eastsussex@swanadvocacy.org.uk****Acknowledgment** – You will receive confirmation of receipt of your referral within a few hours, this will contain a case number. If you have not received this by the next working day, please contact us. **Review** – We will check the referral includes all the information that we require. **Clarify** – If there is any missing information, issues about eligibility, etc we will contact you and request this. **Allocate** – As soon as we have all of the information we need, we will allocate and provide the contact details of who has been assigned, and you can liaise with them directly. |