



## Referral Form

All details given below will be kept confidential, stored securely and only used to enable us to provide an advocacy service. Please inform us immediately if any of this information needs updating or if you want to withdraw the referral.

Name of person making referral	
Address	
Telephone number	
E.mail address	
Your relationship to the person you are referring	
Date of referral	

### Does the person you are referring need help with any of the following?

	Yes	Possibly	No
Telling other people what they want (or for someone who lacks capacity – having someone independent to speak on their behalf)			
Making informed decisions (if applicable)			
Talking about things which may worry them			
Preparing for a Care Plan Review			
Getting out and about more in the community			
Understanding / filling in forms			
Attending and preparing for meetings			

### Are there any other reasons you consider this person needs an advocate?

Name of the person you are referring													
Address													
Contact number													
What support does this person receive? (e.g. family, care provider, friends)													
Date of birth													
Character													
Level of 'Mental capacity'													
Communication ability													
Health issues (e.g. epilepsy, mobility problems, allergies)													
Is the person known to be on the Autistic Spectrum?													
Does this person display behaviour that is challenging?	No <input type="checkbox"/> Yes <input type="checkbox"/> If the answer is yes, please provide details :												
Day Programme	<table border="1"> <thead> <tr> <th>Day</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> </tr> <tr> <td>Friday</td> <td></td> </tr> </tbody> </table>	Day	Activity	Monday		Tuesday		Wednesday		Thursday		Friday	
Day	Activity												
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Likes and dislikes	Likes  Dislikes												
Is there anything else we should know about this person to assist us to choose the right advocate to undertake an advocacy partnership? e.g. would prefer Welsh speaker / would prefer a female advocate													

**Please return to:**

A Voice for You, Plas Dolerw, Milford Road, Newtown, Powys, SY16 2EH 01686 629951