

FAIRWAY ADVOCACY – REFERRAL FORM

Personal Information					
Name:		Date of birth:		Gender:	

Contact details at point of referral ie hospital, care home, person's home	
Address:	
Postcode:	Tel no:

Additional contact details: any other address, if applicable ie hospital, care home, person's home	
Address:	
Postcode:	Tel no:

Entered into database? Yes / No	Date of first contact:
Re-referral? Yes / No	Date file opened:
Advocate:	

Client Group			
Epilepsy	Parkinson	Stroke	Multiple Sclerosis
M.E.	Head injury	Others:	
Others (specify):			

Source of Referral					
Charity		Hospital Staff		Other Advocacy	
Social Work		GP		Solicitor	
Hospital Social Work		O/T		Police	
Support Worker		Council Officer		Self	
Care Worker		Housing Assoc		Family	
Care Home		Voluntary Sector		Friend	

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Reason for referral:

Any other relevant information:

Name and address of agency/individual making referral:

Postcode:

Tel No:

Email:

SAFETY ISSUES:

Health Diagnosis:

Is the client aware of referral to advocacy?

YES / NO

How did the referrer find out about Fairway Advocacy?

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Referral Issue		Ethnic origin																		
<p>Adult with Incapacity</p> <ul style="list-style-type: none"> • Guardianship <input style="margin-left: 100px;" type="checkbox"/> • Power of Attorney <input style="margin-left: 100px;" type="checkbox"/> 	<p>Social Work</p> <ul style="list-style-type: none"> • Complaint <input style="margin-left: 100px;" type="checkbox"/> • Review/Assessment <input style="margin-left: 100px;" type="checkbox"/> • Self-directed support <input style="margin-left: 100px;" type="checkbox"/> 	<p>White</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Scottish</td><td style="width: 50px;"></td></tr> <tr><td>2. Irish</td><td></td></tr> <tr><td>3. Other British</td><td></td></tr> <tr><td>4. White European</td><td></td></tr> <tr><td>5. Other White Background</td><td></td></tr> </table>	1. Scottish		2. Irish		3. Other British		4. White European		5. Other White Background									
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<p>Housing</p> <ul style="list-style-type: none"> • Anti-social behaviour <input style="margin-left: 100px;" type="checkbox"/> • Eviction <input style="margin-left: 100px;" type="checkbox"/> • Homelessness <input style="margin-left: 100px;" type="checkbox"/> • Housing Application <input style="margin-left: 100px;" type="checkbox"/> • Housing Transfer <input style="margin-left: 100px;" type="checkbox"/> • Independent Living <input style="margin-left: 100px;" type="checkbox"/> • Move to own home <input style="margin-left: 100px;" type="checkbox"/> • Housing Aids, adaptations <input style="margin-left: 100px;" type="checkbox"/> • Repairs/Refurbishment <input style="margin-left: 100px;" type="checkbox"/> 	<p>Other</p> <ul style="list-style-type: none"> • Care Home provision <input style="margin-left: 100px;" type="checkbox"/> • Care Service provision <input style="margin-left: 100px;" type="checkbox"/> • Day care/services <input style="margin-left: 100px;" type="checkbox"/> • Care programme Approach (CPA) <input style="margin-left: 100px;" type="checkbox"/> • Education <input style="margin-left: 100px;" type="checkbox"/> • Employment <input style="margin-left: 100px;" type="checkbox"/> • Family <input style="margin-left: 100px;" type="checkbox"/> • Financial <input style="margin-left: 100px;" type="checkbox"/> • Health <input style="margin-left: 100px;" type="checkbox"/> • Legal <input style="margin-left: 100px;" type="checkbox"/> • O/T assessment <input style="margin-left: 100px;" type="checkbox"/> • Criminal proceedings <input style="margin-left: 100px;" type="checkbox"/> 	<p>Mixed</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>6. Any Mixed background</td><td></td></tr> </table> <p>Asian, Asian Scottish or Asian British</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>7. Indian</td><td></td></tr> <tr><td>8. Pakistani</td><td></td></tr> <tr><td>9. Bangladeshi</td><td></td></tr> <tr><td>10. Chinese</td><td></td></tr> <tr><td>11. Any other Asian Background</td><td></td></tr> </table> <p>Black, Black Scottish or Black British</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>12. Caribbean</td><td></td></tr> <tr><td>13. African</td><td></td></tr> <tr><td>14. Any other Black Background</td><td></td></tr> </table>	6. Any Mixed background		7. Indian		8. Pakistani		9. Bangladeshi		10. Chinese		11. Any other Asian Background		12. Caribbean		13. African		14. Any other Black Background	
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<p>Named Person Contact Details:</p> <p>Name:</p> <p>Address</p> <p>Phone No:</p>
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<p>Significant Person: contact number</p> <p>Power of Attorney/ Proxies:</p>
