ADVOCACY IN POWYS IMCA REFERRAL FORM

Client Name:			
Date of Birth		Date Referral Made:	
Home Address and Postcode			
Telephone:			
Location & Postcode			
Telephone			
Brecknock & Radnorshire:		Montgomeryshire:	

Reason for Referral (Please Tick)

Serious Medical Treatment:	
Move to accommodation (NHS body):	
Move to accommodation (Local Authority):	
Safeguarding Vulnerable Adults Procedure (LA):	
Care Review (NHS or LA):	

State Specific Decision (Proposed Options)

Significant Dates

When does the decision need to be made by?	
Please give details of any impending meetings or deadlines	

Referrer and Decision Maker's Contact Details

	Referrer	Decision Maker (if not referrer)
Name:		
Job Title and Team:		
Address:		
Postcode:		
Telephone:		
Mobile:		
e-mail		

Contact Person for Access to Records

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Specific Cultural and Communication Needs

Language:		Ethnicity:	
Gender:		Religion:	
Sexuality:		Disability:	
Other (Specify)			

Decision Maker's Confirmation

The decision maker is the individual within either the Local Authority or the NHS body who has the responsibility for making the decisions on issues of change of accommodation or serious medical treatment on behalf of the client who has been assessed as lacking capacity on either issue. Therefore only the decision maker is able to confirm the following*

* I confirm that for the above issue I am the Decision Maker on behalf of *(insert NHS body or Local Authority)*____

______for decisions regarding *(insert client name)*________________________

____

Name		Signature	Date

* I also confirm that I deem *(insert client name)*_________________________
____________to have no-one appropriate to consult regarding this issue (excepting safeguarding adults referrals)

Name		Signature	Date

* I also confirm that *(insert client name)*_______________________________
____________ has been deemed to lack capacity to make a decision regarding the above issue. The person making the decision with regard to the client's lack of capacity in this issue is *(insert name)*

____

Their relationship to the client is_______________________________________

Name		Signature	Date

PLEASE RETURN THIS FORM TO YOUR LOCAL OFFICE

Brecknock & Radnorshire CHC	Montgomeryshire CHC
2nd Floor 2 The Struet Brecon Powys LD3 7LH	Ladywell House Newtown Powys SY16 1JB