

## 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	



# FAIRWAY ADVOCACY – REFERRAL FORM

Referral Issue		Ethnic origin																		
<p><b>Adult with Incapacity</b></p> <ul style="list-style-type: none"> <li>• Guardianship <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Power of Attorney <input style="margin-left: 10px;" type="checkbox"/></li> </ul>	<p><b>Social Work</b></p> <ul style="list-style-type: none"> <li>• Complaint <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Review/Assessment <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Self-directed support <input style="margin-left: 10px;" type="checkbox"/></li> </ul>	<p><b>White</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">1. Scottish</td><td style="width: 20px;"></td></tr> <tr><td style="padding: 2px;">2. Irish</td><td></td></tr> <tr><td style="padding: 2px;">3. Other British</td><td></td></tr> <tr><td style="padding: 2px;">4. White European</td><td></td></tr> <tr><td style="padding: 2px;">5. Other White Background</td><td></td></tr> </table>	1. Scottish		2. Irish		3. Other British		4. White European		5. Other White Background									
1. Scottish																				
2. Irish																				
3. Other British																				
4. White European																				
5. Other White Background																				
<p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Anti-social behaviour <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Eviction <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Homelessness <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Housing Application <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Housing Transfer <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Independent Living <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Move to own home <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Housing Aids, adaptations <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Repairs/Refurbishment <input style="margin-left: 10px;" type="checkbox"/></li> </ul>	<p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Care Home provision <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Care Service provision <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Day care/services <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Care programme Approach (CPA) <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Education <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Employment <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Family <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Financial <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Health <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Legal <input style="margin-left: 10px;" type="checkbox"/></li> <li>• O/T assessment <input style="margin-left: 10px;" type="checkbox"/></li> <li>• Criminal proceedings <input style="margin-left: 10px;" type="checkbox"/></li> </ul>	<p><b>Mixed</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">6. Any Mixed background</td><td></td></tr> </table> <p><b>Asian, Asian Scottish or Asian British</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">7. Indian</td><td></td></tr> <tr><td style="padding: 2px;">8. Pakistani</td><td></td></tr> <tr><td style="padding: 2px;">9. Bangladeshi</td><td></td></tr> <tr><td style="padding: 2px;">10. Chinese</td><td></td></tr> <tr><td style="padding: 2px;">11. Any other Asian Background</td><td></td></tr> </table> <p><b>Black, Black Scottish or Black British</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">12. Caribbean</td><td></td></tr> <tr><td style="padding: 2px;">13. African</td><td></td></tr> <tr><td style="padding: 2px;">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	
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																				

<p><b>Named Person Contact Details:</b></p> <p>Name:</p> <p>Address</p> <p>Phone No:</p>
------------------------------------------------------------------------------------------

<p><b>Significant Person: contact number</b></p> <p>Power of Attorney/ Proxies:</p>
-----------------------------------------------------------------------------------------