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| **Independent Mental Capacity Advocacy**  **Newcastle & South Tyneside**  **IMCA Referral Form**  Updated September 2019 |
| Provided by **Your Voice Counts**  Unit 12 Interchange, West Street, Gateshead, NE8 1BH  Tel.: 0191 478 6472  Fax: 0191 477 8559  Email: **yvc.uk@nhs.net**  This is an **encrypted** email address and referrals are safe to send to this address.  Emailed referrals are preferred as they can be processed quickly and without use of paper.  This form can be downloaded from [www.yvc.org.uk](http://www.yvc.org.uk)  **General Data Protection Regulations Statement**  Your Voice Counts is committed to processing information in accordance with the General Data Protection Regulation (GDPR). The personal data collected on this form will be held securely and will only be used for the purposes of Independent Mental Capacity Advocacy. We will hold the data for 6 years.  You can use the below contact details if you have any questions about this form, the way we are planning to use the information on the form, the lawful basis for processing the information on the form, or any queries relating to data protection.  **Contact details**  Jenny Rohde (Executive Assistant) jenny.rohde@yvc.org.uk  Peter Vine (Data Protection Officer) Peter.Vine@clearcomm.org  **Complaints**  You have the right to lodge a complaint against Your Voice Counts regarding data protection issues with the Information Commissioner’s Office (https://ico.org.uk/concerns). |

**Making an appropriate referral**

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| Please complete the referral form in full, omission of information could affect response times. For guidance about making a referral please visit <https://www.yvc.org.uk/for-professionals> . If you are still not sure and wish to discuss please contact one of the statutory advocacy team on 0191 478 6472, option 1. |

Receipt of a completed referral form will trigger IMCA involvement and you should expect a response within 2 working days. Please contact us if you have not had a response by that time.

## Referrer’s details

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| **Is referrer also the authorised decision maker?** | **YES** | Skip this section and go to Decision Maker Confirmation below |
| **NO** | Complete your details then ask Decision Maker to complete confirmation below. |
| **Referrer name** |  |  |
| **Referrer job title** |  |  |
| **Referrer address** |  |  |
| **Referrer phone** |  |  |
| **Referrer email** |  |  |

## Decision maker’s confirmation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I confirm that for this issue I am the Decision Maker. | | | |  |
| I confirm that I deem this person to be un‐befriended, with no one appropriate to consult regarding this decision (unless this is a safeguarding issue). | | | |  |
| I confirm the person being referred has been deemed to lack capacity to make this decision. | | | |  |
| I confirm the person is 16 years or older | | | |  |
| I confirm that a capacity assessment for this decision was done (please state date)  **Please note, a capacity assessment should be available to view upon request of the IMCA** | | | |  |
| **Name** |  | | | |
| **Job Title** |  | | | |
| **Department / Team** |  | | | |
| **Address (including postcode)** |  | | | |
| **Phone 1** |  | **Phone 2** |  | |
| **Fax Number** |  | | | |
| **Email** |  | | | |
| **Date** |  | | | |

## Client Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person referred** |  | | |
| **Where are they currently?**      **(full address and postcode)** |  | | |
| **Telephone Number where they are** |  | | |
| **Date of birth** |  | **Age** |  |
| **Usual Address** |  | | |

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| **Reason for Referral ‐ tick one only**  (If unsure of main issue, please get in touch) | |
| Serious Medical Treatment |  |
| Change of Accommodation |  |
| Care Review |  |
| ‘Safeguarding Adults’ for person who lacks capacity |  |

### **Significant Dates**

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| --- | --- |
| **When do you need the IMCA’s report by?** |  |
| **When does the decision need to be made by?** |  |
| **Please give details of any impending meetings or deadlines.** | |
|  | |
| **Please give details of decision to be made** | |
|  | |

**Are any family, friends or a named person able to help with the decision?**

**YES / NO**

**If yes please tell us why they are not involved in the decision making.**

|  |  |  |
| --- | --- | --- |
|  | **Friend / Family1** | **Friend / Family 2** |
| **Name** |  |  |
| **Relationship to person** |  |  |
| **Reason for no involvement** |  |  |

**Contact details of any other professionals involved with the person**

|  |  |  |
| --- | --- | --- |
|  | **Person 1** | **Person 2** |
| **Name** |  |  |
| **Relationship to client** |  |  |
| **Job Title** |  |  |
| **Phone Number** |  |  |

## Ethnic Origin

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White ‐ English/Welsh/Scottish/Northern Irish/British |  | White ‐ Irish |  | White ‐ Gypsy or Irish Traveller |  |
| White – any other White background |  | Mixed ‐ White and Black Caribbean |  | Mixed ‐ White and Black African |  |
| Mixed ‐ White and Asian |  | Mixed ‐ Other |  | Asian or Asian British ‐ Indian |  |
| Asian or Asian British ‐ Pakistani |  | Asian or Asian British ‐ Bangladeshi |  | Asian or Asian British -Chinese |  |
| Asian or Asian British ‐ Other |  | Black or Black British ‐ African |  | Black or Black British ‐ Caribbean |  |
| Black or Black British ‐ Other |  | Other Ethnic Groups |  | Not Specified / Unknown |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the person have a disability?**  (Select **one main** category only) | | | |  |
| Mental health problem |  | Serious Physical Illness |  | |
| Learning Disability |  | Unknown |  | |
| Other general special need (please state) | |  | | |

**Nature of person’s impairment**

(Select **one main** category only)

Mental Health problems Learning disability Dementia

Acquired brain damage Serious physical illness Unconsciousness

Autism Spectrum Condition Cognitive impairment Combination

Other please state

### **Primary means of communication**

(select **one** **main** category only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| English |  | Other Spoken language |  | Sign Language |  |
| No obvious means |  | Gestures/ Facial expressions |  | Pictures / Makaton |  |
| Other please state |  | |  | | |

**Please tell us about anything we should know to make sure the person and the advocate remain safe.**

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