This form is for professionals only. Please complete a referral and upload this form on NCAN or if you are not part of NCAN please email [advice@ageuknorfolk.org.uk](mailto:advice@ageuknorfolk.org.uk)

If you or a friend of family member requires advocacy support please contact our advice line either via email [advice@ageuknorfolk.org.uk](mailto:advice@ageuknorfolk.org.uk) or by telephone 0300 500 1217 or for help with an NHS Complaint please contact POhWER on 0300 456 2370

Age UK Norfolk can provide advocacy support for the older people of Norfolk. We offer 3 types of advocacy support

**General Advocacy –** This service provides support for people over 50 who are most vulnerable or in vulnerable situations to make informed decisions affecting their lives. We ensure that they have a voice that other people listen to, and that they do not experience any inequality or discrimination.

**Financial Advocacy (Money Matters)** – This service assists over 65’s with the day to day management of household finances and paperwork, in order to maintain independence in the home and prevent admission to high cost services (We cannot provide debt advice)

**Bereavement Advocacy** – this service provides support to people over 50 who are recently bereaved. Our service offers practical help and support to a person in later life who has no family or friends who are able to assist them. This may include support such as identifying who to notify, any bereavement benefit entitlements and ‘check in’ phone calls.

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| **DATE OF REFERAL** |  |

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| **PROFESSIONAL REFERRER’S DETAILS** | | | | | |
| **Does the service user consent to the referral?**  *We are unable accept referrals unless permission to refer has been given by the person you are referring.* | | | | Yes | No |
| **Name** |  | **Relationship / organisation** |  | | |
| **Email:** |  | **Your ref/LAS No.** |  | | |
| **Telephone:** |  | **Telephone:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF SERVICE USER** | | | | |
| **Title** |  | **Full Name** | |  |
| **Date of Birth** |  | **Preferred name** | |  |
| **Phone No.** |  | **Mobile No.** | |  |
| **NI No.** |  | **Email** | |  |
| **Home Address:** |  | | | |
| **Type of residence** (care home/ own property / sheltered accommodation) | | |  | |
| **If the service user is in not currently at home as they are in care or hospital, please state where they are and when they are due to be home** | | | | |
|  | | | | |
| **Who does the service user live with?** | |  | | |
| **Are there concerns about the person’s mental capacity and if the referral is for Money Matters are there any concerns specifically around their ability to manage their financial affairs?** | |  | | |
| **Are there any communication barriers we should be aware of?** | |  | | |

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| **Are there any risk issues we need to be aware of to themselves or to others?** |
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| **Please give the reason for the referral and supply any further details that may help Age UK Norfolk provide the Advocacy Service to the person you are referring** |
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**Alternative Contact**

We require an alternative contact, preferably who is local, it can be a family member, neighbour or friend who we can call if we have concerns about the service user or are unable to make contact with them. We suggest the nominated person/s are informed that Age UK Norfolk have their details and may call.

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| **Next of Kin / Alternative contact** | | | |
| First name: |  | Surname: |  |
| Telephone: |  | Relationship: |  |
| Do they live locally to you? | Yes/No | | |
| Permission to contact if you are unreachable | Yes/No | Discuss health or welfare concerns | Yes/No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of any care being provided** | | | |
| Care Agency Name |  | Phone: |  |
| Frequency of care: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Any other friends or family who provide support** | | | |
| Title: |  | Name: |  |
| Phone: |  | Relationship to service user: |  |
| Address: |  | | |
| Has the service user given permission for them to be contacted? | Yes/No | Do they hold LPA? | Yes/No |
| What support are they providing? |  | | |

|  |  |
| --- | --- |
| **Financial Information for Money Matters Referrals** | |
| **Please detail here any personal debt you are aware of?** |  |
| **Please detail here any care fee debt you are aware of** |  |