Professionals, please complete 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, a friend or family member requires advocacy support, please complete this form or alternatively contact our advice line either via email [advice@ageuknorfolk.org.uk](mailto:advice@ageuknorfolk.org.uk) or by telephone 0300 500 1217.

For help with an NHS Complaint please contact POhWER on 0300 456 2370

Age UK Norfolk can provide advocacy support for people 50+ living in Norfolk. We offer two types of non-statutory advocacy support

**General Advocacy –** This service empowers individuals over 50 to have their voices heard and to make informed decisions. We provide support in making phone calls, drafting letters, ensuring you receive fair treatment and never face inequality or discrimination.

**Bereavement Advocacy** – this service provides support to people who have been recently bereaved. Our service offers practical help and support to a person who has no family or friends able to assist them. This may include support such as identifying who to notify, any bereavement benefit entitlements and support with completing paperwork.

|  |  |
| --- | --- |
| **DATE OF REFERRAL** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. (for professionals)** |  | | |
| **Telephone:** |  | **Mobile:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | | | |
|  | | | | |
| **Please consider suitability for our service, we may need to explore further if we have concerns** | | **Comments** | | |
| Who does the service user live with? | |  | | |
| Are there concerns about the person’s mental capacity | |  | | |
| Are there any communication barriers we should be aware of? | |  | | |
| Do they have high level mental health needs or are they receiving treatment or clinical support? | |  | | |
| Do they have a history of aggression, inappropriate conversation, or threatening behaviour? | |  | | |
| Do they have a drug or alcohol problem and are still receiving treatment? | |  | | |

|  |
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| **Please indicate any potential risks, including:**  **· Concerns relating to the individual’s safety or that of others**  **· Risks associated with the property (e.g. hoarding, pets, or other environmental factors)** |
|  |

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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** |
|  |

**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 contact them. We suggest the nominated person/s are informed that Age UK Norfolk have their details and may call.

|  |  |  |  |
| --- | --- | --- | --- |
| **Next of Kin / Alternative contact** | | | |
| First name: |  | Surname: |  |
| Telephone: |  | Relationship: |  |
| Address |  | | |
| 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 a Lasting Power of Attorney? | Yes/No |
| What support are they providing? |  | | |

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