

Lifeline Advocates Referral Form

This referral is being completed on behalf of the clients' details below. Please be aware that you will be contacted if there is further information needed about the client you are referring.

1. REFERRING AGENCY DETAILS:

Name of referrer	
Position	
Organisation	
Telephone/Fax	
Email	

2. CLIENTS DETAILS AND INFORMATION:

First name		Forename			
Also Known As		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of Birth		Telephone No			
Address					
Post Code		Email Address			
Best Time to Contact Client:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>		
Best Method of Contact:	Phone call <input type="checkbox"/>	Text Message <input type="checkbox"/>	Email <input type="checkbox"/>	Letter <input type="checkbox"/>	

Client's Ethnicity:

White		Mixed		Asian or Asian British		Black or Black British		Other Ethnic groups	
British	<input type="checkbox"/>	White/ Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other ethnic group (please specify below)	
European	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>	Bangladesh	<input type="checkbox"/>	Any other Black background - please specify below <input type="checkbox"/>			
Any other white background - please specify below <input type="checkbox"/>		Any other mixed background please specify below <input type="checkbox"/>		Any other Asian background - please specify below <input type="checkbox"/>				Not stated <input type="checkbox"/>	
Religion:									

REASON FOR REFERRAL: (Please tick all that apply)

Advocacy support within Health Services	<input type="checkbox"/>
Advocacy support for Parents with School aged children	<input type="checkbox"/>
Advocacy support for issues around Social Housing/Private Landlord	<input type="checkbox"/>
Advocacy support with regards to Children's Services involvement i.e. Social Worker/Family Support	<input type="checkbox"/>
Advocacy support with regards to criminal activity/police involvement	<input type="checkbox"/>
Advocacy support around Benefits/Financial Capability (we do not offer debt advice)	<input type="checkbox"/>
Other	<input type="checkbox"/>

3. REASON FOR REFERRAL

Please can you provide as much detail as possible based on the areas ticked above. Please be advised that individuals with acute (serious) mental illness may not be suitable for this service, due to the need of safeguarding our volunteers. The more information you provide the more likely the referral will be accepted?

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4. OTHER Key/Other Agencies involved

Agency/Support Type	Please State	Agency/Support Type	Please state
Health Visitor/ Family Support Worker		Probation	
Mental Health Team		Police/HMP	
Adult Social Care/Social Worker		Local Charity	
Housing Team (Housing Officer)		Support Group	
College/Education Pastoral Team		Other	

5. CLIENT SUITABILITY

Lifeline Advocates is a project that has been developed by Life in Community CIC. Lifeline Advocates is a person centered service, who offer information and guidance based upon the needs of the individual. This service will include signposting, to service who are specialist in the area of support needed by the client. As we do not offer advice on issues such as debt.

Lifeline Advocates is a voluntary service and a client can cease using the service at any time. For this reason, we request that if clients wish to participate in this service, they are made aware that there is an expected level of engagement and commitment needed as part of this process. **Before making a referral, can you please check your clients suitable based upon the following questions?**

The client is happy to be assessed by our Advocate Lead, before being matched to one of our Volunteer Advocates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The client is aware that this service does not offer Debt Advice for any financial issues, signposting will be made for this area of support.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The client understands that support is available up to 3 months (dependent upon circumstances).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The client understands that all Lifeline Advocates are volunteers and as such, will only be able to offer the support at the availability of the volunteer allocated to the client.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. DATA PROTECTION – Handing personal information.

The personal information you provide will be used for the purposes of Life in Community CIC. The information provided may be shared with: Adult Social Care, NHS, GPs, Counselling Services and funding organisations.

For the purposes of the GDPR and Data Protection Act 2018, Life in Community CIC are the data controllers in respect of information processed which relates to this referral and a client’s participation in the Lifeline Advocates. Information provided on this form will be entered and stored onto a secure database(s) used for the purposes of Life in Community CIC. A client’s personal information will not be used for any other purpose than stated. Additional consent from will be obtained. Further information on how data is held, can be obtained by contacting Director of Life in Community CIC.

To evaluate our programme. We would like each client to complete an anonymous case study or questionnaire once the sessions are complete. If they do not wish to be contacted. Please indicate: Yes No

7. REFERRER SIGNATURE:

(Please print referrer’s name if sent electronically)	
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Client's signature (If client is present when the referral is made).

Please return to admin@lifeincommunity.org.uk