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Advocacy and Support Referral Form

Irish Community Care Manchester’s advocacy and support service provides support to individuals in community settings within the Manchester city area. To ensure we can provide support and to enable us to complete our assessment process, it is important we have certain necessary information.

Please note ICCM only accept referrals where the individual has consented to it being submitted.

*Please complete this form and send, along with an individual risk assessment and copy of ID to* asreferrals@irishcommunitycare.com

Date of Referral: DD/MM/YY

Referrer Details:

Name of Referrer: Click or tap here to enter text.

Organisation: Click or tap here to enter text.

Referrer email: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

Relationship to client: Click or tap here to enter text.

Client Details:

Name: Click or tap here to enter text.

Date of birth: Click or tap here to enter text.

Nationality: Click or tap here to enter text.

Ethnic origin: Choose an item.

Irish Status: Choose an item.

Present address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Employment status: Choose an item.

Details of employment status/benefits:

Click or tap here to enter text.

Current Support

Any support workers/services the client is currently engaging in (please include any mental health teams, Social Workers and/or Probation services etc):

Physical & Mental health

Diagnosis:

Click or tap here to enter text.

Existing relating symptoms:

Drug/Alcohol misuse

Any symptoms, ongoing treatment, or additional information?

Click or tap here to enter text.

Any current or past issues with drug or alcohol misuse? Choose an item.

Behavioural Issues

Does the client have any behavioural issues? Choose an item.

Does the client have issues managing their aggression? Choose an item.

Is the client a risk to staff, themselves, or anyone else

due to behavioural issues? Choose an item.

Please give details:

Click or tap here to enter text.

Criminal offences:

Is the client in custody or recently released from prison? Choose an item.

Details of criminal offences:

|  |  |  |
| --- | --- | --- |
| Offence: | Custodial sentence  | Sentence length/further details |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

Is there any other offending behaviour we should be aware of? Choose an item.

Is the client assessed as a risk towards staff or the general public? Choose an item.

Please give details:

Click or tap here to enter text.

Support needs

Support Needs

ICCM Advocacy & Support service offers person centred, one to one support based on individual health and social needs. Please advise what support requirements your client has:

Click or tap here to enter text.

Our service model aims to empower individuals and equip them with skills to be able to resolve issues independently moving forward. We aim to do this within a 12 week period of support.

Do you feel your client’s support needs can be resolved within this timeframe?

Click or tap here to enter text.

Befriending

If your client is interested in befriending either after receiving support or in replacement of staff support? Please note Our volunteer befrienders **cannot undertake** any personal care tasks including mobility transfers or assisting/prompting with any prescribed medication.

Click or tap here to enter text.

Additional Info/Risks to be noted

Please give details of any additional information or risks we should be aware of with regards to the client. Please be aware that our Advocacy & Support Officers work as lone workers whilst conducting outreach visits.

Click or tap here to enter text.