**Referral Form for Independent Advocacy Report for Decision Making Representation Orders**

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| **Date of referral:** Click or tap to enter a date. |
| **Date of Court Hearing:** Click or tap to enter a date. |
| **Circuit Court Location:**   |
| **Order type (first application, update on previous order, review):** |

**Details of Relevant Person:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Current** **Address:** |  **Previous Address****(If different):** |
| **D.O.B:**  | **Phone:** |
| **Email:**  |

**What steps have been taken to date to support the relevant person to make his/her own decision(s)** For example has the assistance of a co-decision maker been considered with the RP? Use of assistive technology / other services?

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**Can the relevant person attend court (specify reasons if the RP is unable to)?**

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**Details of Applicants (proposed DMRs)**

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| Name: | Contact details: | Relationship to Relevant Person: |
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**Reason for application for a decision-making representation order:**

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| Please list all specific decisions for which the DMRO is needed (decision specific) at this current time (time specific). Please detail each decision under the relevant headings below. For example, if access to finances is required under the section “property and affairs”, please list the specific purposes for which that access is needed e.g. paying for care, paying utilities. “Personal welfare decisions” can include healthcare decisions provided they are specifically listed (decision specific) and they need to be made at this current time (time specific). If there are currently no such decisions to be made, then only those aspects of healthcare such as ensuring that the RP is assisted to attend medical appointments and signing a contract of care are included under “personal Welfare”. The HSE Consent Policy can be applied for any future treatment decisions OR a further DMRO sought to cover them. |
| Personal Welfare: |
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| Property and affairs: |
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**Other relevant information:**

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**Details of person making referral to Sage Advocacy:**

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| **Name:** |
| **Organisation:** | **Address:** |
| **Relationship to relevant person:** | **Phone:** |
| **Email:** |
| **Signed:** | **Date:** |
| **I, the Referrer, consent to Sage collecting, using and storing my personal information to provide the service I have requested1 Yes** [ ]  **No** [ ]  |

Please complete this form and post to Sage Advocacy, 24 – 26 Ormond Quay Upper, Dublin D07DAV9. Alternatively, return it by email to Sage Advocacy at info@sageadvocacy.ie. Unfortunately, we cannot accept referral forms emailed directly from a scanner unless they have been verified by the sender and Sage Advocacy.

 Personal data is processed by Sage Advocacy based on the individual’s explicit consent. Where the individual is unable to give consent, personal data is processed by Sage Advocacy based on the vital interests of the individual. Sage Advocacy complies with the Data Protection Acts, 1988-2018 (including GDPR). All information provided is safeguarded securely, safely, and privately. Sound recordings of any meeting whether involving third parties or otherwise, without permission of all participants will be regarded as a data breach. The information may be retained for up to 10 years, and may be anonymised for systemic case research and statistical purposes.  We do not share any service user information with third parties without explicit consent, unless we are required to do so by law or to protect the service user or another individual from serious harm.  There are rights available to data subjects, including the right to withdraw consent.  For further information see <http://ec.europa.eu/justice/data-protection/reform/files/regulation_oj_en.pdf>