**Referral Form**

**Referral Source: Self** [ ]   **Other** [ ]

|  |
| --- |
| **Is the client consenting to this referral being made? Yes** [ ]  **No** [ ]  **Non-instructed Advocacy\*** [ ] **Is the client happy to be contacted? Yes** [ ]  **No** [ ]  **Non-instructed Advocacy\*** [ ]  |
| **I, the Client, consent to Sage collecting, using and storing my personal information to provide me with the service I have requested[[1]](#endnote-1) Yes** [ ]  **No** [ ]  **Non-instructed advocacy\*** [ ] \*Please only tick non-instructed advocacy if the client has been supported to understand why a referral is being made and why their information needs to be recorded, but is unable to give his/her consent.   |
| **Date of referral:** Click or tap to enter a date. |

**Client information (who is the person that requires an advocate?):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Current** **Address:**  |  **Previous Address****(If different):** |
| **D.O.B:**  | **Eircode:** |
| **Phone:**  | **Email:** |
| **Are there any known risks or safety concerns for the advocate when visiting the client? Please provide details:** |

**Reason for referral – Presenting Issue(s)** (Please tick where applicable)

|  |  |  |
| --- | --- | --- |
| Access to Community Services |[ ]  Financial  |[ ]  Transition / Discharge  |[ ]
| Acute Setting |[ ]  Health/Clinical |[ ]  Legal |[ ]
| Barriers to supported Decision Making |[ ]  Housing |[ ]  Residential Care  |[ ]
| Planning ahead |[ ]  Safeguarding Concerns |[ ]  Other |[ ]
| Other (Please describe) |  |

**Why do you (or the person you are referring) require an advocate:**

|  |
| --- |
|  |

**What action (if any) has been taken in relation to the presenting issues?**

|  |
| --- |
|  |

**Other People who are supporting you (or the person you are referring):**

|  |  |  |
| --- | --- | --- |
| Name: | Contact details: | Role: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Details of person making referral (if not referring yourself):**

|  |
| --- |
| **Name:** |
| **Organisation:** | **Address:** |
| **Relationship with Client:** | **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.

1. 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 indefinitely for safeguarding purposes, 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> [↑](#endnote-ref-1)