**Black, Asian and Minority Ethnicities Advocacy Referral Form**

*(We understand the terms BME and BAME are outdated and no longer used by many organisations. We only use it here as it reflects the wording used in our current contract and data reporting).*

To provide one to one advocacy for people over the age of 18 from black minority and ethnic communities.

Please ensure you compete this form fully. If the form is not fully completed, this may cause a delay in the allocation for an advocate.

**ABOUT THE PERSON YOU ARE REFERRING:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** |  | | | |
| **Date of Birth** |  | | | |
| **Current Address** |  | | | |
| **Postcode** |  | | | |
| **Is the person’s current address?** | | | | |
| Own home | |  | Residential/ nursing setting |  |
| Supported living | |  | Hospital |  |
| **Phone number(s)** |  | | | |
| **Email address** |  | | | |
| **Disability or impairment** | An adult with a learning disability  An adult with a mental health condition  An adult with a physical health condition  An adult with a sensory difficulty  Other, **please specify:** | | | |
| **Gender** | Female  Male  Female, Male at birth  Male, Female at birth  Non-binary  Prefer not to say  Not listed, **please specify**: | | | |
| **Pronouns** | She/her  He/him  They/them | | | |
| **Sexual orientation** | Heterosexual  Bisexual  Lesbian or gay  Prefer not to say  Not listed, **please specify:** | | | |
| **How does the person communicate?** | English  Other spoken language, **please specify:**  British Sign Language  Words/pictures/Makaton  Gestures/expressions/vocalisations  No obvious means of communication  Not listed, **please specify:** | | | |
| **Ethnic origin** | Arab / British Arab  Asian / British Asian  Black / Black British  Gypsy / Roma / Traveller  Mixed heritage  White British – English, Welsh, Scottish, N. Irish  White Irish  White other  Prefer not to say  Not listed, **please specify:** | | | |
| **Religion or belief** | Atheist (no religion)  Christian (all denominations)  Buddhist  Sikh  Hindu  Jewish  Humanist  Pagan  Muslim  Not listed, **please specify:**  Person’s own description: | | | |
| **Does the person identify as having a disability or long-term health condition?** | | | | |
| Yes  No Please specify: | | | | |

**REFERRAL INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What issue does the person need help with?** | | | |
| Health |  | Social care |  |
| Please provide details: | | | |

|  |
| --- |
| **Further relevant information** |
| Please provide details: |

|  |
| --- |
| **Significant dates** |
| Please provide details for any impending meetings or deadlines: |

|  |
| --- |
| **Risk** |
| Are there any risks pertaining to the person (or their family/friends)? Are there any risks relating to an advocate visiting the person where they live? |
|  |

**ABOUT YOU:**

|  |  |
| --- | --- |
| **Referrer Details** | |
| Self- Referral (please skip to consent) | |
| Name |  |
| Role |  |
| Organisation/ Team |  |
| Place of work (including address) |  |
| Phone number(s) |  |
| Email address |  |

|  |  |  |
| --- | --- | --- |
| **Consent** | | |
| Due to GDPR (2018), we need authorisation to say that people agree to Asist holding their personal information included on this form.  If the person being referred is deemed to lack capacity, the referrer must indicate they are referring in the person’s best interest. | | |
| **Does the person have capacity to consent to this referral?** | Yes | No |
| **If yes, has consent been obtained?** | Yes | No |
| **Is the referral being made in best interest?** | Yes | No |

|  |
| --- |
| **Disclaimer** |
| **Please** note where possible, provide us with 2 weeks’ notice for any meetings to allow the advocate adequate time to support the person being referred. We may not be able to attend all meetings requested. |
| **Please** make sure information on this form is correct before submitting. |

**Please email completed form to: referrals@asist.co.uk**