

# Dumfries and Galloway Advocacy Service Referral

**This is an editable PDF file. Please send completed form via email to: [info@dgadvocacy.co.uk](mailto:info@dgadvocacy.co.uk)**

Type of Advocacy Required (please select by clicking the relevant boxes)								
Mental Health Act	Learning Disability	Autism	Anxiety / Depression	ASP Act	SDS Act	Carers Act	18-25 Years	Other
If marked 'Other' please give details.								
<b>Mental Health (please complete as applicable)</b>								
Is the client on a Detention Order? If yes, please state type.				What is the diagnosed mental health condition?				
Date of Detention								
<b>Adults with Incapacity Act</b>				Details and contact information for Guardian / POA / Named Person				
Private Guardianship	Local Authority Guardianship	13ZA	Review					
<b>Client Details (person requiring advocacy)</b>								
Client Name				Known As				
Home Address				Current Address (if different e.g. Ward, Hospital, Care Home, etc)				
Postcode				Postcode				
Home Tel.				Current Location Tel.				
Mobile Number				Alternative Contact Details				
Date of Birth				Email Address				
<b>Where is the client currently residing? (please click relevant boxes)</b>								
Hospital	Care Home	Homeless	Hostel	Social Housing	Supported Accom.	Homeowner / Tenant	Un-disclosed	If other, please specify

Gender (please only select ONE option by clicking the relevant box)								
Female	Male	Non-binary	Trans Female	Trans Male	Gender Fluid	Prefer not to say	If other, please specify	
<b>Client Consent</b>				Yes	No			
Has the client been informed of this referral ?						If no, why?		
Do they give their consent?						If no, why?		
Is the client non-instructed?								
<b>Full description of the issue</b>								
Reason for advocacy referral? What does the client wish to achieve?								
Summary of issues/details of views required (include upcoming meeting dates, deadlines, priorities)								
Details of any mobility issues / physical disability								
Details of communication / literacy issues								
Is an interpreter required? If so, please state reason.								
Acquired Brain Injury	Dementia	Cognitive Impairment	Hearing Impairment	Visual Impairment	Long-Term Health Condition	Physical Condition / Illness	Other	
If any of the above, please give further details.								

Ex - Service Personnel				Unpaid Carer			
Yes	No	Prefer not to say		Yes	No	Prefer not to say	If unpaid Carer, who does client care for? (e.g. parent, partner, child etc)

Risks (please select all that are currently applicable by clicking the relevant boxes)							
Aggressive	Violent	Exploitative	Subject to Exploitation	Sex Offender Register	Domestic Abuse	Other Abuse	Child Protection
Misusing Substances	Risk to Self	Risk to Other	Notifiable Disease	Other Risks			
If yes to any of the above, please give details.							

Referrer details			
Name		Office Tel.	
Name of Service		Mobile Tel.	
Job Title		Which locality do you cover?	
Team, Ward, Unit		Email Address	
Date Referred			

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**For further information on our referral criteria please see the end of this form.**

**About the referral process:** Once we receive your referral, you will receive an automatic response.

The reason for the referral needs to be clearly stated. It is essential to include any relevant needs, meeting dates, or priority issues that will facilitate the processing and allocation of referrals.

Information about risks is required, as advocates often work alone, and we need to ensure the safety of both staff and clients by managing any risks that are disclosed. We manage risk based on current risk, rather than historical risk, unless this remains relevant.

Other relevant information enables us to provide an appropriate level of support tailored to the client's needs, including preferred communication methods. Please provide as much relevant information as appropriate.

Non-instructed: Where an individual cannot instruct, consent to act is provided by the referrer, guardian or the decision maker.

**Instructed:** Consent is required where a person can instruct an advocate. Advocates cannot be retained where a client with capacity has not consented to the referral. Should a client say they do not want an advocate, an advocate will not be allocated.

**Allocation:** The referral will be reviewed by management, and we may need to contact you to clarify or gather additional information. Incomplete forms will require following up with the referrer, which may delay the allocation of an advocate.

When an advocate has been allocated, they will plan a time to meet with the client to gain consent and instruction, where possible, and contact other relevant professionals.

For cases under the Mental Health (Care & Treatment) (Scotland) Act 2003 and where the client is detained at Midpark Hospital, an advocate will be allocated on the day the referral is received, or the next working day. All other cases will be allocated as soon as possible.

**Meeting Dates:** Referrals received where meeting dates have been set to occur within a short timescale may result in a request for a date and/or time change to enable the advocate to be present, if this is the client's wish. Where meeting dates have yet to be arranged, please ensure you consult with the named advocate to confirm their availability before arranging these dates.

**Attendance:** When the client is not attending a meeting, the advocate will also not attend unless the meeting is part of Adult Support & Protection or the Mental Health Act.

**Advocacy:** Advocacy supports a person's statutory and human rights and their involvement in decision-making processes. For advocacy to be meaningful, time is required to ascertain the person's thoughts, wishes and feelings. Where capacity is lacking, we may consult with family members, carers, guardians, and relevant services. This information is then used to ensure the person has a voice.

**Privacy:** We are committed to protecting the privacy of both you and our clients, and we keep all data secure. By providing us with your and the client's information, you are giving us consent to process the data. We will only process personal data to provide our clients with the services they have requested from us and to collect anonymous feedback from our commissioners and funders.

**Our remit is as follows and we will work under the following Acts:**

- Mental Health (Care & Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Social Care (Self-directed Support) (Scotland) Act 2013
- Carers (Scotland) Act 2016

**We are funded to advocate for the following groups:**

- Mental Health (Care & Treatment) (Scotland) Act 2003
- Adults with Incapacity (incl. Guardianship and 13ZA)
- Learning Disability
- Autism
- Adult Support and Protection
- Self-Directed Support
- Unpaid Carers
- Young People (18–25-year-olds)
- Depression and Anxiety (sadly, Children & Families work cannot be carried out with this fund)

If you are unsure if we can support your service user, client, or patient, please telephone our office on 01387 247237 or email us at [info@dgadvocacy.co.uk](mailto:info@dgadvocacy.co.uk)

Alternatively, you can contact our management directly via email at [pamela.deans@dgadvocacy.co.uk](mailto:pamela.deans@dgadvocacy.co.uk) or by telephone at 07903 180025.

[www.dgadvocacy.co.uk](http://www.dgadvocacy.co.uk)



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