



Advocacy in Barnet – Request Form
Must reside in Barnet and be aged over 50 years

Date of request:		Number: (Office Use)	
-------------------------	--	---------------------------------	--

CLIENT DETAILS

Mr Mrs Miss Ms Other: _____

Forename:		Surname:	
------------------	--	-----------------	--

Preferred Name:		Date of Birth:		Age:	
------------------------	--	-----------------------	--	-------------	--

Home address including post code:			
--	--	--	--

Contact details:	Phone:	Mobile:	Email:
-------------------------	---------------	----------------	---------------

Name of Referrer:	
--------------------------	--

Email Address:	
-----------------------	--

Contact Number:	
------------------------	--

REFERRAL SOURCE: <input type="checkbox"/> Practitioner <input type="checkbox"/> LGBT services <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Voluntary Organisation _____	<input type="checkbox"/> Self-referred <input type="checkbox"/> Relative / Friend <input type="checkbox"/> Social Services <input type="checkbox"/> GP <input type="checkbox"/> Consultants <input type="checkbox"/> Helpline - Please Specify: _____ <input type="checkbox"/> Other – Please Specify: _____
---	--

Other organisations involved:
How long since last contact?
Social Services referrals:
How many visits have been made to the client?
When was the most recent visit to the client?
Are there any forthcoming meetings planned?

REASONS FOR REQUEST

PLEASE EXPLAIN THE ISSUE (S) YOU REQUIRE ADVOCACY WITH:
(Example – Housing Transfer, Needs Assessment, Care Review, Hospital Discharge. Please include the Name of the Client's Social Worker/Housing Office/Housing Association if relevant)

Health Background

Long-term health conditions	
Physical impairment (non-sensory/Age Related Frailty)	
Visual impairment	
Hearing impairment	
Learning difficulty including autism	
Cognitive Impairment	
Mental Health	
Multiple impairments: please state	
Does the client have caring responsibilities for a dependent or loved one(s)?	
Registered disabled [yes/no]	
Does the person live alone	
Other: please state	

Is the client aware that a request has been made?	
Are there any risk factor that Advocate should be aware of? (i.e. challenging behaviour)	
Any other useful information:	

OFFICE USE ONLY	
Advocacy under Care Act	Accommodation issues
Needs assessments	Housing transfer
Continuing care assessments	Maintenance and repairs
Support care planning	Tenancy issues
Care & support review	Equipment & adaptations
Hospital Advocacy	Safeguarding
Transitions	Safeguarding concern
Care in hospital	Safeguarding review
Discharge procedure	
Discharge aftercare package	
Other advocacy issues:	

TO BE COMPLETED BY

Request taken by:		Information transferred to request book:	
--------------------------	--	---	--

Client - I consent to Advocacy in Barnet holding my personal data and I have read the Privacy Policy as per GDPR effective 25 May 2018

Referrer - I confirm I give consent to sharing my personal data and also the client has consented to my sharing their personal data with you and agree that their data will be held by Advocacy in Barnet for the purposes of providing advocacy support

View our Privacy Policy on our website <https://advocacyinbarnet.org.uk/privacy-policy/>