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| **Black, Asian and Minority Ethnicities Advocacy** **Referral Form.**To provide one to one advocacy for people over the age of 18 from black minority and ethnic communities.Referrals can be made by anyone. |  |

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| 1. **Eligibility.**
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| **The person must:**1. *Be registered with a Stoke-on-Trent GP or be a resident of Stoke-on-Trent if not registered with a GP.*
2. *Have a learning disability, physical disability, sensory disability and/or mental health need.*
 |
| 1. **About You (or the person you are making this referral for).**
 |
| **Mr/ Mrs:**       | **Name:**       | **Date of birth:**       |
| **Tel:**       | **Email:**       | **Mobile:**       |
| **Current Address:**      **Postcode:**       |
| Own Home [ ]  | Care Home [ ]  | Hospital [ ]  | Other:       |
| An adult with a physical disability | [ ]  | An adult with a Learning Disability | **[ ]**  |
| An adult with a sensory difficulty | [ ]  | An adult with a mental health condition | **[ ]**  |
| Please describe the nature of the disability:      |
| 1. **How does this person communicate?**
 |
| Language:       | Dialect:       |
| Spoken Language | [ ]  | Gestures/Facial Expressions/Vocalisations | [ ]  |
| British Sign Language | [ ]  | Words/Pictures/Makaton | [ ]  |
| Not known | [ ]  | Other, please give details:       |
| **Known risks (to themselves or others):** Please include Covid risks, any historical risks, risks to themselves or others, etc       |
| 1. **What are the person’s additional support needs?**
 |
| Mental health Problems | [ ]  | Physical Health | [ ]  |
| Cognitive Impairment | [ ]  | Autism Spectrum Condition | [ ]  |
| Learning Disability  | [ ]  | Serious Physical illness | [ ]  |
| Other:      |
| 1. **What issue does the person need help with? (Please tick).**
 |
| Health  | [ ]  | Care & Support Planning  | [ ]  |
| Housing | [ ]  | Review  | [ ]  |
| Social care  | [ ]  | Other:        |
| 1. **Additional Information.**
 |
| **Please give details of any forthcoming appointment or meeting dates.** Please include any meeting locations, if in person or via zoom, any communication aids required, any cultural/ spiritual requirements for the person being referred or for the advocate to follow (cover head/ shoulders, prayer times, etc)       |
| **Please provide any further information relevant to this referral.** If there are other professionals involved in this referral, please list their contact details here.       |

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| 1. **Diversity Monitoring.**
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| **By completing the information below you can help us ensure our services reach everyone who needs them and inform how we might improve our service provision.** |
| **What is the person’s gender?** | **Is the person’s gender different from that assigned at birth?** |
| Male  | **[ ]**  | Yes  | **[ ]**  |
| Female  | [ ]  | No  | [ ]  |
| Non-binary  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Don’t know/prefer not to say  | [ ]  |  |  |
| Person’s own description:       |  |  |
| **What is the person’s sexual orientation?** |
| Heterosexual/straight  | **[ ]**  | Gay woman/lesbian  | **[ ]**  |
| Bisexual  | [ ]  | Don’t know/prefer not to say | [ ]  |
| Gay man  | [ ]  | Person’s own description:       |
| **What is the person’s ethnic group?** |
| *Asian or Asian British* |
| Bangladeshi  | **[ ]**  | Pakistani | **[ ]**  |
| Chinese  | [ ]  | Another Asian background  | [ ]  |
| Indian  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| *Black, African, Black British or Caribbean* |
| African 0 | **[ ]**  | Another black background  | **[ ]**  |
| Caribbean  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| *Mixed or multiple ethnic groups* |
| Asian and White | **[ ]**  | Another Mixed background  | **[ ]**  |
| Black African and White  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Black Caribbean and White  | [ ]  |  |  |
| *White* |
| English/Welsh/Scottish/Northern Irish/British  | **[ ]**  | Another White background  | **[ ]**  |
| Irish  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Irish Traveller or Gypsy  | [ ]  |  |  |
| *Another ethnic group* |
| Arab  | **[ ]**  | Don’t know/prefer not to say  | **[ ]**  |
| Another ethnic background  | [ ]  | Person’s own description:       |
| **What is the person’s religion?** |
| No religion  | **[ ]**  | Hindu  | **[ ]**  |
| Christian (all denominations)  | [ ]  | Muslim  | [ ]  |
| Buddhist  | [ ]  | Other (please state)  | [ ]  |
| Jewish  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Sikh  | [ ]  | Person’s own description:       |
| **Does the person identify as having a disability or long-term health condition?** |
| Yes [ ]   | No [ ]  | Please specify:       |

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| 1. **Referrer Information.**
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| Self-referred [ ]  Referred by social care [ ]  Referred by Health [ ]  Other       |
| Name of referrer:       | Job Title:       |
| Team:       | Organisation:       |
| Email:       | Tel:       |
| Date of referral:       | How did you hear about us:       |
| 1. **Consent.**
 |
| Have you discussed this referral with the person being referred? (Where appropriate)  | Yes [ ]   | No [ ]  |
| Has the person agreed to this referral being made?  | Yes [ ]  | No [ ]  |
| **Disclaimer** |
| **Please note that we may not be able to attend all meetings listed on the referral form. Where possible, provide us with 2 weeks-notice for any meetings to allow the advocate adequate time to support the advocacy partner.** |
| **The referrer is responsible for providing ASIST with accurate, up to date information and contact details, and updating ASIST with any new information or, amendments to information provided on the referral form after it has been submitted. PLEASE make sure information is correct before submitting this form.**  |
| **To discuss a referral please contact Asist on 01782 845584****Fill in this form and send to Asist by emailing** **referrals@asist.co.uk****Head Office: Asist, Winton House, Stoke Road, Stoke-on-Trent, ST4 2RW.** |

Service available Monday to Friday 9am to 5pm (excluding bank holidays)

