This is a referral form for professionals working for partnership organisations alongside West Sussex County Council. If you work for such an organisation and are working with an adult who you feel is eligible for an IA then complete this form and send it to Adults’ CarePoint (see address below).

To make a referral to WSCC Adults’ Services contact CarePoint1 on: 01243 642121 or Email: [socialcare@westsussex.gov.uk](mailto:socialcare@westsussex.gov.uk) - please include your address and phone number.

**Personal information of the individual the referral is for**

Name: Click here to enter text.

Date of Birth: Click here to enter text.

Address: Click here to enter text.

Contact telephone number: Click here to enter text.

Email address: Click here to enter text.

**Details of the person completing this form**

Name: Click here to enter text.

Role: Click here to enter text.

Organisation: Click here to enter text.

Contact telephone number: Click here to enter text.

Before a referral is made for an Independent Advocate it must first be confirmed whether the individual has any family members, friends or carers who are appropriate to facilitate the individual’s involvement.

|  |  |
| --- | --- |
| **Can you confirm the individual doesn’t have any relatives, friends or unpaid carers appropriate to act as a representative for them?** | |
| Yes | No |

What type of Independent Advocate do you wish to refer to individual for?

|  |  |
| --- | --- |
| **Independent Care Act Advocate (ICAA)** |  |
| **Independent Mental Capacity Advocate (IMCA)** |  |
| **Independent Mental Health Act Advocate (IMHA)** |  |
| **Independent Issues Based Advocate** |  |

Please specify the areas of difficulty, issues or challenges the individual is currently facing and why you feel an Independent Advocate is appropriate:

|  |
| --- |
| **Individual’s current situation** |
| Click here to enter text. |

Please specify the current workflow you are supporting the individual with so the Independent Advocacy Agency will be aware how they will be working with the individual.

|  |  |  |  |
| --- | --- | --- | --- |
| Assessment |  | Safeguarding Enquiry |  |
| Review of services |  | Best Interest Decision |  |
| Carer’s Assessment |  | Mental Health Act Input |  |
| Carer’s Review |  | Mental Health Discharge |  |
| Support Planning |  | Other (please specify below) |  |
| Safeguarding Concern |  | Click here to enter text. | |

Once completed email this form to: [socialcare@westsussex.gov.uk](mailto:socialcare@westsussex.gov.uk)

Or send this form to:  
West Sussex County Council Adults’ CarePoint,   
Second Floor, The Grange,  
County Hall,  
Chichester,  
West Sussex,   
PO19 1RG.