



Sunderland

**INDEPENDENT MENTAL CAPACITY ADVOCACY SERVICE
(IMCA)**

REFERRAL FORM

1. Personal Information

Date of referral:	
Name of person being referred:	
Address:	
Postcode:	
Date of Birth:	
Is the person aware of the referral?	

2. Eligibility

Please read below and tick the relevant boxes. If you are in doubt as to whether a person is eligible for IMCA involvement, please contact the Advocacy Team who will be happy to discuss the matter with you.

This person lacks capacity to make a certain decision? (If you have answered no, please make the referral to our general advocacy service)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>The person is facing a decision about one of the following;</p> <p>i) Serious Medical Treatment; E.g. chemotherapy/surgery for cancer; electro-convulsive therapy; therapeutic sterilisation; major surgery or amputations; treatments which will result in loss of hearing or sight and withholding or stopping artificial nutrition /hydration.</p> <p>ii) A Change in Accommodation;</p> <ul style="list-style-type: none"> • Move to long stay hospital for more than 28 days; • Move to accommodation provided for by NHS body for 8 weeks or more; • Move to accommodation provided by the Local Authority for 8 weeks or more. <p>iii) A Care review in relation to accommodation where it is believed that a person would benefit from the IMCA service.</p> <p>iv) Safeguarding Adults / POVA case</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>This person is aged 16 or over</p>	<p><input type="checkbox"/></p>
<p>Is there no other person or appropriate family member who may:-</p> <ul style="list-style-type: none"> • be nominated by the person as someone who should be consulted with (other than paid workers); • hold a Lasting/Enduring Power of Attorney; • be a deputy appointed by the Court for this person. 	<p><input type="checkbox"/></p>

3. Does the person have any specific needs i.e. any communication or access issues etc

4. Additional information

Does the person have any family, friends or person named to help with decisions?

Yes No

If you answered Yes to the above, please advise us as to why they are not involved in the decision making process.

5. Referrer/ Decision Maker/ IMCA Authorisation Contact Information

	Referrer	Decision Maker	Person Authorising IMCA Involvement
Name & Job Title			
Address & Postcode			
Telephone Number			
Mobile (optional)			
Email			

6. Significant Dates

Please advise us of the following;

When does the decision need to be made?	
When you require the IMCA report by?	
Any other relevant impending meetings and/or deadlines?	

Please can you advise us about anything that needs to be done to make sure the person and the advocate remain safe.

Decision Makers Confirmation

I confirm that I am the decision maker. I confirm that I deem the person to be un-befriended, with no-one appropriate to consult regarding this decision. I confirm that every effort has been made to enable the person to make this decision. I confirm that a capacity assessment has been done and the person has been deemed to lack capacity to make a decision regarding the above issue.

Signed:_____ Date:_____

Print name:_____ Organisation:_____

Contact Details

Referrals are accepted by fax, post and email and should be addressed to the following;

The Advocacy Team, Age Concern, Bradbury Centre, Stockton Road, Sunderland, SR2 7AQ

Telephone: 0191 514 1131, Fax: 0191 567 0378,

E-mail: advocacy@acsunderland.org.uk