

Dumfries and Galloway Advocacy Service Referral Form

Referrer Details

Name		Office Tel Number	
Name of Service		Mobile Tel Number	
Role (SW, MHO, Nurse, etc.)		Email Address	
Date Referred		How did you hear about our service?	

I confirm that the client has consented to their details being passed to Dumfries and Galloway Advocacy Service and for contact to be made.

Client Details

Client Title and Name		Date of Birth	
Address and Ward (if applicable)			
Post Code		Gender	
Home Tel Number		Email Address	
Mobile Tel Number		Preferred method of contact	

Type of Accommodation (tick one)

Homeowner	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Other	<input type="checkbox"/>
Private Tenant	<input type="checkbox"/>	Care Home	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Undisclosed	<input type="checkbox"/>
Social Housing	<input type="checkbox"/>	Supported Accom	<input type="checkbox"/>	Traveller	<input type="checkbox"/>		<input type="checkbox"/>

Ethnicity

White Scottish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black Scottish	<input type="checkbox"/>	African	<input type="checkbox"/>
White Other UK	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Mixed Race	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
White European	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other South Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>

Guardianship / Named Person / POA / Named Person

Welfare Guardianship	<input type="checkbox"/>	Financial Guardianship	<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>	Named Person	<input type="checkbox"/>
If yes, please give name and contact details.							

www.dgadvocacy.co.uk



t: 01387 247 237 • e: info@dgadvocacy.co.uk

Hestan House, Crichton Business Park, Bankend Road, Dumfries DG1 4TA

Scottish Charity No. SC036075 • Limited Company No. 275168

Risks							
Violent		Aggressive		Exploitative		Sex Offender	
Misusing Substances		Child Protection		Awaiting Trial		Risk to Self	
Adult Survivor of Childhood Sexual Abuse		Domestic Abuse		Notifiable Disease		Other Risks	
If yes to any of the above please give details							

Additional Information

Name of GP Surgery							
Details of any Mobility Issues							
Details of Communication and/or Literacy Issues							
Has the client been informed of this referral? (If not, why?)							
Mental Health		Learning Disability		Physical Disability			
Families at Risk		Substance Misuse		Health Primary / Secondary			
Domestic Abuse		Carer		Older Adult			
Other							
Description of Issue:							

Please send completed forms to:

Email: info@dgadvocacy.co.uk

Office Use Only – Method of Contact / Previous Client

Phone		Drop-in		Has client been with us previously	
Email		Website Contact		Previous Client Number/s	
Letter		Surgery		Date/s closed	
Client ID				Allocated Advocate	

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