

**Community Powered Advocacy in Warwickshire**

**Referral Form**

**Person referred may have poor mental or physical health (or both), a disability – including learning disability and/or autism – or another health need. They may be older, be leaving care, be homeless or at risk of homelessness. These are just a few examples**.

Aside from a low level vulnerability, each person we work with will be:

**>** Either a Warwickshire resident or accessing a Warwickshire GP

**>** Over the age of 18

**>** Not in receipt or eligible for statutory advocacy provision

**>** With low level support needs (both in terms of physical support and other complexities that

require more specialist help).

Please return this referral to Naomi Madden [nmadden@grapevinecovandwarks.org](mailto:nbaker@grapevinecovandwarks.org)

Tel: 02476 631040 ext 11

Or post to: Grapevine Coventry and Warwickshire

123 Upper Spon Street

Coventry CV1 3BQ

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**The Referrer**

Date of Referral:

Name of Referrer:

Organisation:

Contact Details:

Email:

Contact Telephone:

If applicable, did this person meet criteria for your service?

Yes/No

If yes, please give a brief overview of your support and or a named worker to speak to……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

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Do you/this person require support due to: (tick all that apply)

* Older Age
* Disability (inc Learning disability)
* Ill Health (physical)
* Ill Health (mental)
* LAC or leaving Care services (must be18+)
* Homelessness/risk of homelessness
* Other, please specify……………………………………………………….........

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**The Person**

Name: ………………………………………………

Address: ………………………………………………………………………………………

Postcode: ……………………………………………

Tel: …………………………………………………..

Date of Birth: ……………………………………….

Ethnicity: …………………………………………….

Resides with/Supported by: ………………………………………………………………..

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**What has brought you/the person to this point?**

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**I/The person primarily needs support with**

* Advocacy
* Community Connecting
* Other

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**What are the persons’ strengths and interests?**

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**What is the best way to first meet you/ the person? (please include things to consider, avoid, anything we need to know)**

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**Diagnosis and/or area of need?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Using the grid below, who are the important connections, relationships and networks in your/the person’s life? Please also include any paid professionals or organisations working with the person. In addition any services/support that have been approached in the past or may be considered going forward.

|  |  |
| --- | --- |
| Name and/or Organisation | Relationship or role |
|  |  |

**Anything else you need to tell us?**

**PLEASE READ BEFORE SENDING**

A history of offending behaviour involving violence or sexual crimes will mean the person is beyond the remit of our project. Our staff work alone in community and are not trained or experienced in working with clients with this background. If you have doubts i.e. the crime was committed a long time ago or there have been incidents or concerns raised but no crime committed please discuss the referral with us first. Cases will be looked at on a case by case basis.

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