**Data Protection & Consent**

**What information do you hold about me?**

In order for us to provide you with a service we need to record some of your personal information. This can include:

|  |  |
| --- | --- |
| Your nameYour addressYour telephone numbersYour email addressYour date of birth | Your ethnicityAny vulnerabilityYour nearest relative *(IMHA only)****If you are paying for a service:***Your bank details |

**What we do with your information and who we share it with**

* This information remains confidential and will only be shared with those directly involved in your support.
* We may also use general statistical information about you that has been anonymised in order to report back to the funders of the service and for internal monitoring purposes.
* We will not disclose your information to any other third parties without your permission unless there is a legal requirement to do so, or there is a safeguarding concern for which we are required by law to share information with the relevant Local Authority (this can be without your consent). However, we will always endeavour to inform you beforehand.

**How long we hold your information**

* Your information will be held securely for 7 years as required by contract, after which it will be safely destroyed.
* During this time, you have the right to request a copy of any personal information we hold about you. Should you wish to do this please ask our administration team for details.

**Feedback**

To ensure that you were happy with the service you received and to help improve our services we will contact you at the end of your support and ask you to complete a short survey. How would you like to be contacted? Please select: **Choose an item.**

* Onside ensures that it will comply with all legislation relating to the collection and retention of data including but not limited to the Data Protection Act 1998.
* Our guiding principle is that we are holding your records in strictest confidence.
* You may withdraw your consent at any time. For further information please contact our administration department.

**Consent**

* If you are completing this form for a third party or providing anyone else’s personal information, please ensure you have their authority to share their information.

**☐** **Yes** I have authority to give Onside the information I have provided and have shared Onside’s statement on data protection and consent as appropriate Choose an item.

Name of professional:

Job title:

Date: Click or tap to enter a date.

If you are completing this form electronically, entering your name and the date assumes you have authority to provide this information, even though you may not have signed the form.

PLEASE BE AWARE THAT WE MAY NOT BE ABLE TO PROCEED WITH THE REFERRAL IF YOU DO NOT HAVE AUTHORITY TO PROVIDE THE INFORMATION

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| --- |
| **Service User Details** |
| Local Authority System Number  |  |
| First Name  |  | Last Name |  |
| Preferred Name |  | Gender Choose an item. |
| Pronouns | Choose an item. | Date Of Birth Click or tap to enter a date. |
| **Address** |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town / City  |  | Postcode |  |
| District | Choose an item. | Residential Status Choose an item. |
| **Contact** |
| Telephone:  |  |
| Can we leave message?  | Choose an item. |
| Email:  |  |
| **Demographics** |
| Main Vulnerability: Choose an item.  | Ethnicity Choose an item. |
| Other Vulnerabilities (choose all that apply) Choose an item. Choose an item. Choose an item. |
| Fluency in English: Choose an item. | Is an interpreter required?Choose an item. |
| Other language, please specify: |  |
| Additional Support with written communication Choose an item. | Personal Budget: Choose an item. |
| **Emergency Contact** |
| Emergency Contact Name |  |
| Relationship |  |
| Telephone |  |
| **General Notes** |
| Additional Information relevant to Service user and emergency Contact’s contact details |

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| --- |
| Referral and case details (Blue Door) |
| Preferred Method of Contact | Choose an item. |
| Referral Date | Click or tap to enter a date. |
| Reason for referral | Choose an item. |
| Please state specific decision or proposed options for the above category selected: |
| Source of referral | Choose an item. |
| Care Home/Hospital |  |
| Referrer & Decision maker contact details | Referrer | Decision maker |
| Name |  |  |
| Job Title |  |  |
| Address |  |  |
| Post code |  |  |
| Contact Number |  | Email |  |
| Name of contact person for access to records |  |
| Team | Choose an item. |
| Is there anyone else the IMCA will need to speak to? Choose an item. | If yes, name and contact details: (Name, number & email) |  |
| **Safeguarding Investigation** |
| **Safeguarding Adults Investigation for alleged perpetrators only: Choose an item.*** *Safeguarding falls under Care Act 2014 so a referral for advocacy for victims of abuse should be made on a Care Act Advocacy referral form.*
* *IMCAs can however support and present alleged perpetrators who lack the mental capacity to understand the safeguarding investigation and process.*

**If you have answered YES to Safeguarding Adults Investigation you will need to provide the following information before the referral can be processed:**  |
| Has a safeguarding procedure been instigated? **Choose an item.** | If yes, please give date:**Click or tap to enter a date.** |
| Please provide details of the proposed protective measures in place: |  |
| When does this need to be made by? **Click or tap to enter a date.**  |
| Please give details of meetings or deadlines |  |
| **Safeguarding manager contact details** |
| Name |  |
| Telephone |  |
| Email |  |
| **Capacity Assessment**  |
| Please confirm that an assessment of capacity with respect to the above decision has been made: | Choose an item. |
| If **YES** please confirm that the client lacks capacity to make the specific decision at this time: | Choose an item. |
| Name of the Person who assessed capacity: |  |
| Date of Assessment: | **Click or tap to enter a date.** |
| **Family/Friends involvement**  |
| Please confirm if the person has any friends or family who are involved: | Choose an item. |
| If **YES**, please give details as to why they are deemed to be inappropriate to consult or not willing or able to be formally consulted in the decision-making process:*(Please note: IMCAs should* ***not*** *be instructed simply because family or friends disagree with the decision maker or amongst themselves.)* |
| **Risk Management** |
| **Emergency contact details:**  |
| Name: |  | Telephone number: |  |
| Relationship to person: |  |
| **Medical/health information:**  |
| Does the person you are referring have any medical or health issues that it would be helpful for us to know about so we can work safely with them? **Choose an item.**If yes, please provide further relevant details:  |
| **Further information:** |
| Does this person have a history of violence or aggression? **Choose an item.**If yes, please provide further relevant details: |
| If you work or your organisation work with the person that you are referring, do you have any additional precautions or protocols in place to manage risk and ensure the safety of yourself and the service user? **Choose an item.**If yes, please provide details of precautions/protocols: |
| Please highlight (as appropriate) below to tell us about any risks there may be associated with working with this individual. **Choose an item.**Please tell us why you have rated the level of risk by giving us as much information as is relevant to any potential risk: |

**DECLARATION:**

I can confirm that I am the Decision Maker on behalf of (NHS body or Local Authority Name):

For decisions regarding (name of individual):

Signatory Name (please print):

Signature: Date:Click or tap to enter a date.

Complete the form and return to IMCA Team, Williamson House, 14 Charles Street, Worcester, WR1 2AQ or email to imca@onside-advocacy.org.uk

*Please do not return the form to a personal email address as this will delay the referral.*

**Please be aware that this form contains personal and confidential information. If sending by email you should ensure password protection.**

If you are completing the form and you are not the decision maker, please make it clear on the form who the decision maker will be and give their contact details.  The referral will take longer if this information is not provided.