



Independent Professional Advocacy Referral Form

E-mail: ipa@mhmwales.org Telephone: 0300 102 4970

MHM Wales' Commitment to Confidentiality:

Information given to MHM Wales' Professional Independent Advocacy Service will be processed in accordance with the UK Data Protection Act 2018 which replicates the requirements of GDPR into UK legislation.

The role of the IPA under [Part 10 of the Social Services Wellbeing Act 2014](#) is specific and **does not** include: Befriending; Counselling; Mediation; Providing Advice or Legal Support.

Please ensure your client is eligible to seek an IPA *by confirming which barriers they face:*

<input type="checkbox"/> Understand Relevant Information	<input type="checkbox"/> Retain Information
<input type="checkbox"/> Use or Weigh Information	<input type="checkbox"/> Communicate Views Wishes & Feelings

Details of person being referred to the Independent Professional Advocacy Service	
Full Name:	Address:
Area currently residing:	
Contact Number Home :	Mobile:
Email:	
Date of Birth:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are there any risks associated with this referral?

Access to IPAs will **ONLY** be arranged where **no other appropriate individual** (including the person themselves) is able to represent that person's views, wishes and feelings. Please ensure your client is eligible to seek an IPA. The role of the IPA under [Part 10 of the Social Services Wellbeing Act 2014](#) is specific and **does not** include: Befriending; Counselling; Mediation; Providing Advice or Legal Support.

What other referral options were considered?

Please return by email to ipa@mhmwales.org, by post to IPA, MHM Wales, Union Offices, Quarella Road, Bridgend, CF31 1JW or by Fax to **01656 768775** Referrals will be followed up within 2 working days. If you do not receive a reply within this time, please call 03001024970 to ensure an IPA is appointed immediately



My Client needs Advocacy for the following reason/issue (please tick✓)

<input type="checkbox"/>	Assessment, Care and Support Planning, Reviews	<input type="checkbox"/>	Safeguarding Suspected of being at risk of harm or neglect, subject to safeguarding concerns including enquiries under section 126 and or 127 and or 128 of the Act.	<input type="checkbox"/>	Accessing Information, Advice and Assistance
<input type="checkbox"/>	External Factors impacting on their care and support arrangements.				
	<input type="checkbox"/> Accommodation issues (inc. Care Homes)		<input type="checkbox"/> Concern/ dissatisfaction / complaint		
	<input type="checkbox"/> Change of service type / Preparing to leave hospital and return to the community.				
	<input type="checkbox"/> Other (please specify below)				

Client Group

<input type="checkbox"/> Sensory Impairment	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Dementia	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Parents of Children	<input type="checkbox"/> Other	Please state:

Has referral been discussed and agreed by person? YES NO

How can the IPA Service assist this person to achieve personal outcomes?

What is the person's primary method of communication?

Welsh English Another Spoken Language BSL Other
 Gesture/ vocalisations/ facial expressions No obvious means of communication

Ethnic Background

White British White Irish Black Caribbean White/ Asian
 White/ Black Caribbean Bangladeshi Indian Chinese
 Mixed Background Black African Other Ethnic Group Pakistani

Referring Organisation:

Name:	Job Title:
Address:	Telephone number:
	Mobile:
	Email address:
Date of Instruction:	

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