



**Circles Network Advocacy In South Ayrshire
PRIVATE & CONFIDENTIAL**

Introduction Form

Reference Number:		Date of Introduction:	
Taken By:		Method of Receiving:	

Personal Details:		Address	
First Name:		Home Address or c/o Address:	
Surname:			
Age:			
Date of Birth:			
Telephone:		Hospital and Ward Admitted to:	
Mobile:			
Email:			

Contact Details of Referrer			
Name / Job Title		Telephone No:	

Self		Solicitor		Support Worker	
If self referral, where did individual hear of advocacy service:					
MHO		NHS		Doctor	
Social Worker		Care Home Staff		Family	
Voluntary Sector		CPN/ Com Nurse		Ward Staff (Non-N	
If applicable, name of recovery organisation (e.g. ACA, Recovery Ayr, etc):					
The Priory:		Low Green		Belleisle	
Arran		Lochlea		Gatehouse	
Nursing staff		Social worker		MHO	

New To Service				Risk Identified (smoker/animals/other)			
Yes		No		Yes		No	

Details of Risk Identified					

Advocacy Partner Group					
Mental Health				Learning Disability	
Dementia				Chronic Illness	
Physical Disability				Alcohol & Addictions	
Brain Injury				Autistic Spectrum Disorders	
Elderly					

Relevant Persons					

Ethnicity					
White Scottish		Asian Scottish		Black Scottish	
White British		Asian British		Black British	

White Irish		Asian Irish		Black Irish	
White European		Asian European		Black European	
Mixed		Indian		Caribbean	
Chinese		Bangladeshi		African	
				Other	

Reason For Introduction

		Details of Issue(s)		
DWP / benefits				
Finance / Debt				
Welfare				
Parental Rights				
Self Directed Support				
Care Assessments/Review				
Complaints				
Support to Access Services				
AWI: Other				
AWI :Guardianship W & F				
AWI: Financial Guardianship				
AWI: Welfare Guardianship				
Adult Support Protection				
Mental Health Care: STDC				
Mental Health Care: CTO				
Mental Health Care:Other				
Forms/Letters				
CPA				
Information / Signposting				
Mental Health Care:				
Compulsion Order (CO)				
Restriction Order (CORO)				
Hospital Direction				
Transfer for Treatment Direction				

FOR OFFICE USE ONLY: To be Completed by Service Manager/Lead Advocate
 Priority: All Statutory Introductions = High : Information & Signposting = Low
 All others = Medium

Advocacy Worker	Allocation Date	Priority		
		High	Medium	Low

Please Send Completed Referral Form To:
 Circles Network Advocacy South Ayrshire
 2 New Bridge Street, Ayr KA7 1JX
 01292 264 396
 info.southayrshire@circlesnetwork.org.uk