

South Tyneside

Independent Mental Capacity Advocacy (IMCA)

Referral Form



Your Voice Counts

The Old Bank, Swinburne Street, Gateshead, NE81AX

☎ (0191) 478 64 72

📠 (0191) 477 85 59

✉ mail@yvc.org.uk

Further copies of this referral can be downloaded from: www.yvc.org.uk

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CRITERIA FOR IMCA INVOLVEMENT

This guidance sheet will help you decide if this is an appropriate IMCA referral.

If you are still not sure and wish to discuss whether a person is eligible for the IMCA service please contact Dianne Soulsby on 478 64 72

	Please Tick
Person has a specific condition affecting their ability to make decisions – e.g. Learning Disability, Mental Health, Acquired brain injury	<input type="checkbox"/>
Has been assessed as lacking capacity to make this particular decision	<input type="checkbox"/>
Is facing a decision about one of the following: a. Serious medical treatment b. a change of accommodation c. Safeguarding adult Proceedings for someone lacking capacity. (The person may have family and still be eligible for IMCA in this instance) d. a care review in relation to accommodation where it is felt that the person would benefit from IMCA	<input type="checkbox"/>
Is 16 years or older	<input type="checkbox"/>
No other family member or unpaid person is willing or appropriate to consult in relation to this decision.	<input type="checkbox"/>
The person who is authorised to make the final decision will complete 'Decision Maker's Confirmation' section showing they have authorised IMCA involvement.	<input type="checkbox"/>

Receipt of a completed referral form will trigger IMCA involvement and you should expect a response within 2 working days.

Please contact us if you have not had a response by that time.

Referrers Details

Is referrer also the Authorised Decision Maker?	YES	Skip this section and go to Decision Maker Confirmation below
	NO	Complete your details then ask Decision Maker to complete confirmation below.
Referrer Name		
Referrer Job Title		
Referrer Address		
Referrer Phone		
Referrer email		

Your Voice Counts cannot pick up a referral until we have received the following:

Decision Maker's confirmation

I confirm that for this issue I am the Decision Maker.		
I confirm that I deem this person to be un-befriended, with no one appropriate to consult regarding this decision.		
I confirm that every effort has been made to enable this person to make this decision.		
I confirm that a capacity assessment was done on: (state date) <u>Please forward a copy of the assessment with this referral</u>		
The person being referred has been deemed to lack capacity to make this decision.		
Name		
Job Title		
Address		
Phone 1		
Phone 2		
email		
Date		

Name of Person referred			
Where are they Currently? (full address and postcode)			
Telephone Number			
Date of birth		Age	
Is person aware of referral?	YES	NO	
Usual Address			

Reason for Referral (please tick one only)

Serious Medical Treatment	<input type="checkbox"/>
Change of Accommodation	<input type="checkbox"/>
Care Review	<input type="checkbox"/>
'Safeguarding Adults' for person who lacks capacity	<input type="checkbox"/>

Any family, friends or named person to help with decision?

YES

NO

If **yes** please tell us why they are not involved in the decision making.

Name	
Relationship to person	
Reason for no involvement	

Please give details of decision to be made

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Significant Dates

When does the decision need to be made by?	
When do you need the IMCA's report by?	
Please give details of any impending meetings or deadlines.	

Ethnic Origin (say if unknown)	
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Does the person have a disability? (Select one category only)

Mental health problem		Serious Physical Illness	
Learning Disability		Unknown	
Other general special need (please state)			

Nature of person's Impairment (Select one category only)

Mental Health problems		Learning disability		Dementia	
Acquired brain damage		Serious physical illness		Unconsciousness	
Autism Spectrum Condition		Cognitive impairment		Combination	
Other please state					

Primary means of communication (select one main category only)

English		Other Spoken language		Sign Language	<input type="checkbox"/>
No obvious means		Gestures/ Facial expressions		Pictures / Makaton	<input type="checkbox"/>
Other please state					

Please tell us about anything that needs to be done to make sure the person and the Advocate remain safe.

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