

Circles Advocacy Service in Inverclyde

PRIVATE AND CONFIDENTIAL



INDUCTION FORM

| FOR OFFICE USE ONLY: | | | |
|-------------------------|------|----------|-----|
| METHOD OF RECEIVING | | TAKEN BY | |
| CLIENT REFERENCE NUMBER | | DATE | |
| PRIORITY LEVEL | HIGH | MEDIUM | LOW |
| | | | |

| PERSONAL DETAILS | ADDRESS |
|-------------------|---------------|
| First Name: | Home Address: |
| Surname: | |
| Age: | |
| Date of Birth: | |
| N.I. Number: | |
| Email: | |
| Telephone Number: | |
| Mobile Number: | |

| ETHNICITY: | | |
|---|---|--------------------------------------|
| White Scottish <input type="checkbox"/> | White British <input type="checkbox"/> | White Other <input type="checkbox"/> |
| Mixed <input type="checkbox"/> | Black Scottish <input type="checkbox"/> | Black Other <input type="checkbox"/> |
| Asian Scottish <input type="checkbox"/> | Asian British <input type="checkbox"/> | Asian Other <input type="checkbox"/> |
| Other <input type="checkbox"/> | | |

| CONTACT DETAILS OF REFERRER: | |
|------------------------------|--|
| Details: | Family/Friend <input type="checkbox"/> Voluntary Organisation <input type="checkbox"/> |
| | Self <input type="checkbox"/> N.H.S <input type="checkbox"/> |
| | M.H.O <input type="checkbox"/> Carer <input type="checkbox"/> |
| | Council <input type="checkbox"/> Other <input type="checkbox"/> |

RE-REFERRAL? (PLEASE TICK)

| | |
|-----|--------------------------|
| YES | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| NO | <input type="checkbox"/> |
|----|--------------------------|

CLIENT GROUP

1. Alcohol
2. Acquired Brain Injury
3. Autistic Spectrum Disorder
4. Carers
5. Dementia
6. Drug Addiction
7. Elderly
8. Ethnic Minorities
9. Parental Rights
10. Prison Inmate

11. Frail
12. Homeless
13. Learning Disability
14. Mental Health
15. Physical Disability
16. Refugees
17. Women in Refuge
18. Non Instructive
Advocacy

REASON FOR REFERRAL (PLEASE CHOOSE ONE)

1. Adult Support & Protection
 - a. Banning order, restriction order
 - b. Removal order
2. Adults with Incapacity (AWI)
 - a. Welfare and / or Financial Guardianship
 - b. Intervention order, access to funds
 - c. Medical treatment
3. Care Assessments & Reviews
4. Care Programme Approach (CPA)
5. Child Protection
6. Children's Issues
7. Complaints
8. Criminal Procedures
9. Debt
10. DWP & Employment
11. Finance
12. Forms / Letters
13. Hospital / Re-enablement
14. Housing
15. Informal Voluntary Treatment / Patient
16. Information
17. Mental Health Care & Treatment
 - a. Section 36 - Emergency
 - b. Section 44 - STDC
 - c. Section 63 - CTO
 - d. Section 86 - Determination on order
18. Non-Instructive Advocacy
19. Support to Access Services
20. Utility

21. SDS - Assessment Process
22. SDS - Option 1
23. SDS - Option 2
24. SDS - Option 3
25. SDS - Option 4
26. SDS - Pension
27. SDS - Payroll Provider
28. SDS - Care Provider
29. SDS - Complaints
30. SDS - Personal Assistant
31. SDS - Reviews
32. SDS - Communication with Social
Work
33. SDS - Additional Funding

Details of issue:-

DETENTION/TRIBUNAL INFORMATION (where applicable):

Name of Responsible Medical Officer :

Telephone No:

Name of Mental Health Officer :

Telephone No: 558000

Legal Status: Section 36 (date detained):

Section 44 (date detained):

CTO Community CTO

Voluntary/Informal

Is there an Advance Statement? Yes No Don't Know

Is there a Named Person? Yes No Don't Know

Details of Named Person:- _____

Any other relevant information:-

HOME VISIT REQUIRED? (PLEASE TICK)

| | |
|-----|--------------------------|
| YES | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| NO | <input type="checkbox"/> |
|----|--------------------------|

HEALTH AND SAFETY ISSUES

Please highlight any potential health and safety risk identified:-

Action Required (Risk Action Plan)

ANY OTHER RELEVANT INFORMATION

PLEASE SEND COMPLETED INDUCTION FORM TO:

**Circles Network Advocacy Service in Inverclyde
Administration Section
21 Grey Place
Greenock
PA15 1YF**

Telephone No: 01475 730797

E-mail: info.inverclyde@circlesnetwork.org.uk

FOR OFFICE USE ONLY

| ADVOCACY WORKER APPOINTED | ALLOCATION DATE | ACTION TAKEN | DATE INTRODUCED |
|--------------------------------------|----------------------------|--|----------------------------|
| | | Contacted Person <input type="checkbox"/> Contacted Professional <input type="checkbox"/> Visit Arranged <input type="checkbox"/> Visit at Surgery <input type="checkbox"/> Information Sent <input type="checkbox"/> <i>Details if required:</i> | |