Circles Network Moray

PRIVATE AND CONFIDENTIAL

INTRODUCTION FORM

circles ADVOCACY

FOR OFFICE USE ONLY:			
METHOD OF RECEIVING	IN PERSON	TAKEN BY (INITIALS)	KMR
REFERENCE NUMBER		DATE	
PRIORITY LEVEL	HIGH	MEDIUM	LOW

Personal Details		Address
First Name		Home Address:
Surname		
Pronouns? She He They		
Date of Birth		
Email:		
Telephone Number:		
Mobile Number:		

Guardianship Information, if relevant	NO
Is guardianship in place?	YES NO NA
Details of Guardian	Address:
First Name	
Surname	
Do we retain a copy? Yes No	

Ethnicity					
White Scottish		Other White British		White Irish	
Gypsy / Traveller		Roma		White Polish	
Other White		Mixed or multiple ethnic group		Pakistani Scottish, Pakistani or Pakistani British	
Indian Scottish, Indian or Indian British		Bangladeshi Scottish, Bangladeshi or Bangladeshi British		Chinese Scottish, Chinese or Chinese British	
Other Asian		African Scottish, African or African British		Other African	
Caribbean Scottish, Caribbean or Caribbean British		Black Scottish, Black or Black British		Other Caribbean or Black	
Arab Scottish, Arab or Arab British		Other Ethnic Group			

Details of the Referrer				
Family / Friend		Carer		

Voluntary Organisation		Moray Council		Social Worker
NHS		MHO		
Other				
Self		How did you learn about Circles?		Leaflet in the GP surgery

Details of the person completing form			
Name		Contact Number	
Email			

RE-INTRODUCTION (PLEASE TICK)

YES		NO	X

SDS Advocacy required for the following reason (please select as many as s relevant)					
Acquired Brain Injury		Autism Spectrum Diagnosis		Chronic Illness	
Dementia Related illness		Drug/Alcohol Related Issue		Elderly/Aged Related	
Learning Disability		Long Covid Related		Mental ill health	
Physical Disability		Sensory Disability			
Other, please describe? Osteoarthritis, Bronchiectasis, arthritis,					

Reason(s) for Introduction					
1	SDS - Assessment Process		**8**	SDS – Care Provider	
2	SDS - Option 1		**9**	SDS - Complaints	
3	SDS - Option 2		**10**	SDS - Personal Assistant	
4	SDS - Option 3		**11**	SDS - Reviews	
5	SDS - Option 4		**12**	SDS - Communication with Social Work	
6	SDS – Pension		**13**	SDS - Additional Funding	
7	SDS – Payroll Provider		**14**	Other SDS	

Identified Risk(s) to the advocate?
None
Is there anything else we need to be aware of when providing an advocacy service? (Be trauma aware)
No

Any other relevant Information?

Please email this introduction to the following email address Or call 07785 381 500 with this information
info.moray@circlesnetwork.org.uk

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Advocate Appointed (Initials)	**Appointed Date**	**Action Taken**		**Date**
KMR		Contacted Partner		
		Contacted Professional		
		Visit arranged		
		Information Sent		
		Invited to follow Social Media		

Has the partner agreed to share their advocacy story? (This will always be anonymised)	Yes		No	

For office use only – Additional Relevant Information