

Professional Advocacy Services Referral Form

Date:		Ref No:	
Details of the Person Being Referred for Advocacy Support:			
First Name:		Surname:	
		Date of Birth:	
Ethnicity:		Language (if not English):	
Gender:		Sexuality:	
Address:			
Post Code:	Landline:	Mobile:	
Significant Medical Conditions (including mental health and and any risks to workers):		Disabilities:	
		Physical Disability	Yes / No
		Sensory Impairment	Yes / No
		Learning Disability	Yes / No
		Dementia/Cognitive/Memory	Yes / No
		Autism	Yes / No
		ADHD	Yes / No
		Other:	
Please state stage of childcare proceedings:			
Is there a care order in place: Yes / No			
Which Court?			
Additional Information:			

Please let us have details of any dates of upcoming meetings so we can ensure an Advocate is available.

Involvement of Other Agencies names and contact details.

Details of Person Making this Referral

Name:

Position:

Agency/Team:

Contact No:

E-Mail:

Funding Arrangements

Our Hourly Rate is £38.00 (Legal Aid Rate) (plus VAT)

- Travel is charged at £20 per hour, mileage will be charged at a rate of 45p per mile
- Late payment interest will be applied if we do not receive payment within 30 days
- Cancelled meetings and court hearings will be chargeable when less than 48 hours' notice has been given.

Please confirm the amount of hours required for meetings and court hearings:-

Please confirm below agreed funding for the following meetings:-

- ☐ Home Visits
- ☐ Social Care Meetings (Core Groups/Conferences/LAC Reviews etc)
- ☐ Parenting Assessments
- ☐ Solicitors Meetings
- ☐ Court Hearings

If additional meetings arise outside of above remit, we will contact you direct to confirm funding can be agreed prior to attending.

Please add a Purchase Order Number and email address for invoicing

Many thanks,

We look forward to working with you, any queries, please email

admin@professionaladvocacyservices.co.uk

Please ensure client confidentiality and e-mail your completed form to
admin@professionaladvocacyservices.co.uk