

IHCA Self-Referral Form

Self-Referral Form for Independent Health Complaints Advocacy



This form is for those who want help/support making a complaint or are in the process of making a complaint about the NHS or a service provided by the NHS, or those doing so on the behalf of someone else.

0 Office Use Only

Case reference

Date referral received

Advocacy service referred to

Advocate/Team

1 Patient Details (if you are making the complaint on behalf of another person, enter their details here, otherwise, skip to section 2 to provide your details)

Title

Date of Birth

First Name

Last Name

Address

Postcode

Telephone Number

Email Address

Mobile Number

Your relationship to patient (the person the complaint is being made on behalf of)

Is the patient happy for you to contact us and make the complaint on their behalf?

Yes

No

Not Applicable

If not, please explain why (e.g. deceased, lacks capacity, etc.)

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1 Patient Details cont.

Name of Patient's GP	Address
Telephone Number	

2 Complainant Details (this is the person making the complaint, who requires advocacy support)

Date of Referral		
Title	Date of Birth	
First Name	Last Name	
Address	Postcode	
	Telephone Number	
Email Address	Mobile Number	
Preferred method of contact		
Any	Phone	Mobile
SMS (Text)	Email	Post

Name of Complainant's GP	Address
Telephone Number	

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2 Complainant Details cont.

Location Setting

Own home

Own home (with support)

Supported Living

Hospital

Care/Nursing Home

Dementia Ward

Acute Psychiatric Ward

Forensic Secure Unit

Prison

Homeless

No fixed abode

Other/Ward Name (if in hospital)

Is English Spoken?

Yes

No

Primary Communication Method

Spoken English

Other spoken language (specify below)

Words/Pictures/Makaton

Gestures/Expressions/Vocalisations

British Sign Language (BSL)

No Obvious Means

Not known

Other (please specify other spoken languages here)

Do you have one disability which is most relevant to the case? (If not, please leave blank)

Mental Health Condition

Acquired Brain Injury

Serious Physical Illness

Physical Disability

Learning Disability

Cognitive Impairment

Sensory (Visual)

Sensory (Auditory)

Dementia/Alzheimer's

Asperger's/Autistic Spectrum Condition

Unconsciousness

3 Case Details

Which NHS service are you making a complaint about?

Where is the service located?

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3 Case Details cont.

Information about the complaint (tell us where and when issues or incidents happened including names where you can)

How did this affect you/the patient?

If you have already raised this complaint elsewhere, please give details (tell us where, when and about any responses you got)

If you have any supporting documents, tell us which (and attach copies to this referral)

What outcome are you expecting by making this complaint? (select all that apply)

Answers to my questions

An apology

Changes to services

Action to put things right

An explanation

Other (please specify)

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3 Case Details cont.

We would like to know how you feel at the moment about raising your concerns with the NHS.

Once your complaint has reached an end, we hope we can ask the same questions to measure the effectiveness of our work and to find out how useful you have found our advocacy services.

When dealing with the NHS, how often do you feel:

	Never	Rarely	Sometimes	Always
Listened to				
Treated with respect				
Informed				
In control of decisions				
Confident to speak up				

4 Declaration

In making this referral, I declare that:

- I wish to request advocacy support from **The Advocacy People**
- In accordance with current Data Protection legislation, I agree to **The Advocacy People** and their delivery partners holding personal information (including information on this form)
- I understand the provision of an advocacy service is subject to the client meeting eligibility criteria

Please email the completed form to: **info@theadvocacypeople.org.uk**
or post to: **P.O. Box 375, Hastings, TN34 9HU**

If you have not received confirmation of this referral within **3 working days**, or you would like to discuss any aspects of a referral, please call **0330 440 9000**.

By requesting advocacy support, you give consent to **The Advocacy People** sharing information, as required for the purposes of providing the service.

For more information on our Privacy Policy, please ask your advocate or go to www.theadvocacypeople.org.uk/privacy

Confidentiality

Communications between you and **The Advocacy People** are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g. where you tell us something which leads us to believe you or someone else may be at risk of serious harm or abuse or committing a serious criminal offence, where there is a court order for disclosure, or where we would be breaking the law by failing to disclose.

All records are held by **The Advocacy People** in accordance with current Data Protection legislation.