# NHS complaints and professional advocacy

## Referral form for use by prisoners, professionals or Health Care Representatives in HMPs

#### *All data supplied to us in this form will be processed in accordance with our* [*Privacy Notice*](https://www.voiceability.org/privacy-policy/)*. Any discussion with a Healthcare Representative will be confidential.*

How to return this form

### Health Care Representatives: Please hand in to the Head of Health Care, care of the Health Care Department.

### Professionals: Please use one of the following methods.

### Email the form to the secure email address for your local VoiceAbility team (in Doncaster this is [doncaster.shared@voiceability.cjsm.net](mailto:doncaster.shared@voiceability.cjsm.net))

### Password protect the form and email it to [helpline@voiceability.org](mailto:helpline@voiceability.org).

### Post a printed copy to VoiceAbility, c/​o Sayer Vincent, Invicta House, 108-114 Golden Lane, London, EC1Y 0TL

### You can contact VoiceAbility on 0300 303 1660.

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| --- | --- | --- | --- | --- | --- |
| **Details of the person you’re referring** | | | | | |
| **First name** |  | | **Last name** |  | |
| **Date of birth** |  | | **Prison number** |  | |
| **Prison name** |  | | **Wing** |  | |
| **Please describe the reason you are requesting advocacy support:** | | | | | |
| **Contact details of other professionals involved** *(if relevant)* | | | | | |
| **What conditions or disabilities does the person you’re referring have?** *(Please select all that apply)* | | | | | |
| Learning disability | |  | Sensory impairment | |  |
| Acquired brain injury | |  | Long term health condition | |  |
| Autistic spectrum diagnosis | |  | Substance misuse/addiction | |  |
| Dementia | |  | Physical disability | |  |
| Neurological conditions | |  | None | |  |
| Stroke | |  | Other *(please specify)*  Further details | | |
| Mental health condition | |  |
| **Support needs** *Please detail any support needs the advocate needs to be aware of to provide advocacy, e.g. any long-term condition, language or preferred communication method.* | | | | | |
| **Risks** *Please detail any information needed to ensure the safety of the advocate and the referred person during the advocacy process.* | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Diversity monitoring | | | | |
| *We want to make sure that our services are reaching everyone who needs them. By giving us the information below about the person you’re referring, you can help us improve what we offer.* | | | | |
| What is the gender of the person you’re referring? | | | Is this different from their gender assigned at birth? | |
| Male |  | | Yes |  |
| Female |  | | No |  |
| Non-binary |  | | Don’t know/prefer not to say |  |
| Other |  | |  |  |
| Don’t know/prefer not to say |  | |  |  |
| What is their sexual orientation? | | | | |
| Heterosexual/​straight |  | | Gay woman/​lesbian |  |
| Bisexual |  | | Don’t know/​prefer not to say |  |
| Gay man |  | | They prefer to self-describe *(please specify)* |  |
| **What is their ethnic group?** | | | | |
| *Asian or Asian British* | | | | |
| Bangladeshi | |  | Pakistani |  |
| Chinese | |  | Another Asian background |  |
| Indian | |  | Don’t know/​prefer not to say |  |
| *Black, African, Black British or Caribbean* | | | | |
| African | |  | Another Black background |  |
| Caribbean | |  | Don’t know/​prefer not to say |  |
| *Mixed or multiple ethnic groups* | | | | |
| Asian and White | |  | Another Mixed background |  |
| Black African and White | |  | Don’t know/​prefer not to say |  |
| Black Caribbean and White | |  |  |  |
| *White* | | | | |
| British, English, Northern Irish, Scottish, or Welsh | |  | Another White background |  |
| Irish | |  | Don’t know/​prefer not to say |  |
| Irish Traveller or Gypsy | |  |  |  |
| *Another ethnic group* | | | | |
| Arab | | |  | |
| Another ethnic background | | |  | |
| Prefer not to say | | |  | |
| Don’t know/​prefer not to say | | |  |  |
| **What is their religion?** | | | | |
| No religion | |  | Christian (all denominations) |  |
| Buddhist | |  | Hindu |  |
| Jewish | |  | Muslim |  |
| Sikh | |  | Other (please state) | |
| Don’t know/​prefer not to say | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **About you, the referrer** | | | | |
| **Title** | |  | | |
| **Full name** | |  | | |
| **Email address** | |  | | |
| **Organisation** | |  | | |
| **Team or department** | |  | | |
| **Job title or relationship to the person** | |  | | |
| **Phone number (so we can ask you if we have questions about the referral)** | |  | | |
| **Mobile phone number (if different)** | |  | | |
| **Signature (referrer)** |  | | **Time** |  |
| **Date** |  |