

LEGISLATIVE SOLUTIONS FORUM

REFERRAL FORM

Section A (For completion by referrer for submission to LSF Forum):

REFERRAL DATES:	
Date of Referral:	
LSF Forum Date Requested:	

REFERRER DETAILS	
Name of Referrer:	
Designation of Referrer:	
Agency of Referrer:	
Address of Referrer:	
Contact Tel of Referrer:	
E-Mail of Referrer:	
Name of Team Manager:	

DETAILS OF REFERRAL:	
Client Name:	
Client DOB:	
SWIFT Number/CHI Number:	
Client Address:	
Client Legal Status:	
Date Client Legal Status Checked:	
Care Manager (name/address/contact no):	
GP (name/address/contact no):	
Consultant Psychiatrist (name/address/contact no):	
Nearest Relative (name/address/contact no):	

Advocate (name/address/contact no):	
Relevant Other (Include named person under MHCT Act) (name/address/contact no):	

Supplementary Information Attached:			
My Life Right Now:	<input type="checkbox"/>	Completion Date :	
My Life My Plan:	<input type="checkbox"/>	Completion Date :	
My Life My Review:	<input type="checkbox"/>	Completion Date :	
Carer Support Plan:	<input type="checkbox"/>	Completion Date :	
Risk Assessment Management Plan:	<input type="checkbox"/>	Completion Date :	
Other (Note Details Here):	<input type="checkbox"/>	Completion Date :	

Reason for Referral (Brief Summary to include past and present circumstances leading to referral):

Section B: For Completion at LSF Forum as part of minute:

Attendance/Apologies:

The views of the Adult, Child and Primary Carer:

Issues regarding Capacity (include any previous formal assessments of capacity, mental/physical health and prognosis):

Vulnerability/Risk Issues (include chronology of any adult protection referrals and how risks monitored e.g. CPA, Care Management, Formal AP Procedures):

Care Package (include aims of supports, what has worked and areas of unmet need):

Property and Financial Issues (include any formal/informal arrangements to support management if appropriate):

Legal Options considered by LSF Forum:

DWP Appointeeship

SWA 1968 – Section 12/12A	<input type="checkbox"/>	
SWA 1968 - Section 13ZA	<input type="checkbox"/>	
AWIA 2000 – Section 3(3) Sheriffs Direction	<input type="checkbox"/>	
AWIA 2000 – Section 10 Inquiry	<input type="checkbox"/>	
AWIA 2000 - Section 15 Financial POA	<input type="checkbox"/>	
AWIA 2000 - Section 16 Welfare POA	<input type="checkbox"/>	
AWIA 2000 – Section 20 Powers of Sheriff	<input type="checkbox"/>	
AWIA 2000 – Section 25 Access to Funds	<input type="checkbox"/>	
AWIA 2000 – Section 35 Management of Residents Finances	<input type="checkbox"/>	
AWIA 2000 – Section 47 Authority of Persons Responsible for Medical Treatment	<input type="checkbox"/>	
AWIA 2000 – Section 53 Intervention Order	<input type="checkbox"/>	
AWIA 2000 – Section 57 Welfare Guardianship	<input type="checkbox"/>	
AWIA 2000 – Section 57 Financial Guardianship	<input type="checkbox"/>	
MHCT 2003 – Section 25/26 Access to Care & Support	<input type="checkbox"/>	
MHCT 2003 – Section 33 Inquiry	<input type="checkbox"/>	
MHCT 2003 – Section 63 Compulsory Treatment Order	<input type="checkbox"/>	
MHCT 2003 – Section 227 Needs Assessment Referral	<input type="checkbox"/>	
MHCT 2003 - Section 250 Named Person	<input type="checkbox"/>	
MHCT 2003 – Section 259 Access to Advocacy	<input type="checkbox"/>	
MHCT 2003 – Section 275 Advance Statements	<input type="checkbox"/>	
MHCT 2003 – Section 293 Removal to a Place of Safety (MHO)	<input type="checkbox"/>	
MHCT 2003 – Section 311 Non Consensual Sexual Acts	<input type="checkbox"/>	
MHCT 2003 – Section 313 Persons Providing Care Services, Sexual Offence	<input type="checkbox"/>	
MHCT 2003 – Section 315 – Ill Treatment and Wilful Neglect	<input type="checkbox"/>	
ASAP 2007 – Section 4 Duty to Inquire (AP1 Referral)	<input type="checkbox"/>	
ASAP – Section 6 Provision of Advocacy Support	<input type="checkbox"/>	
ASAP 2007 – Section 11 Assessment	<input type="checkbox"/>	

Order		
ASAP 2007 – Section 14 Removal Order	<input type="checkbox"/>	
ASAP 2007 – Section 19 Banning Order	<input type="checkbox"/>	
CRS 1995 – Section 2 Carers Support Plan	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Additional Options considered by LSF Forum:		
Fire Safety Visit	<input type="checkbox"/>	
Refer to Financial Inclusion Team	<input type="checkbox"/>	
Recommendations/Outcome of Meeting:		

Name of Chairperson: Donna Sinforiani

Designation of Chair Person: Adult Protection Co-ordinator

Signature of Chairperson:

Date signed by Chairperson:

Name of Minute Taker: Lisa Brock.....

Designation of Minute Taker: Adult Protection Legislative Assistant

Signature of Minute Taker:

Date signed by Minute Taker:

Date Minute Circulated:

Please note that this minute is not for circulation at Case Conferences, but is more for practitioner’s reference to help inform their legal options.