



**PLEASE READ THIS BEFORE COMPLETING AND SENDING THIS REFERRAL FORM:**

The role of an IMCA is defined in the Mental Capacity Act 2005 (amended 2019) and before we can assign an IMCA certain specific information must be provided. We have included a checklist below to ensure that all required information is included, please ensure you use this. A failure to provide this required information can lead to a rejection in the referral and/or delay in an IMCA being appointed.

You will usually receive an acknowledgment of your referral on the same day, or within a working day.

The referral will then be checked to ensure all required information is included prior to allocation, and you will be notified who this is. The advocate will make contact so you have their details.

It is your duty to ensure that the required information is supplied and if you are the Decision Maker you have a statutory duty to engage with the allocated IMCA.

Two of the extension functions for IMCAs included in the Act have now largely been replaced by (non-instructed) **Care Act Advocacy** i.e. annual care (accommodation) reviews and safeguarding.  
Please consider if it is more appropriate to use this service.

**CHECKLIST**

*Please confirm that you have included all of the information below. Missing information will lead to either rejection of the referral or cause delays before an IMCA can be allocated.*

**YES NO**

**1. ONE of the following decisions needs to be made;**

- a) – Accommodation Move
  - b) - Serious Medical Treatment
  - c) – Accommodation Review (following IMCA involvement in Accommodation Move)
  - d) – Safeguarding Adults (which is currently open as S42 and has protective measures in place/proposed)
- If none of the above apply the referral will not be accepted.

**2. A Capacity Assessment has taken place and the client has been assessed as lacking capacity regarding this specific decision?** If no, please do not send until this has taken place unless the delay could result in serious consequences for the client.

**3. The Client has been identified as having no family or friends to be consulted about the decision**

**4. If family or friends have been identified, you have stated why they are not appropriate to consult.**

**5. You have provided full contact details of a named Decision Maker, who will be responsible for making the decision regarding the issue?**

(usually a Doctor/ Medical practitioner for SMT and LA/CHC for Accommodation moves/reviews/ Safeguarding)

**6. The client is currently residing in, or receiving treatment in Surrey**

**7. The client is aged 16 or over**

**8. I recognise it is my responsibility to send this referral securely in line with GDPR requirements**

**Please make sure you complete as fully as possible.**

**Ensure that all the information in the checklist is supplied, then return to:**

**info@advocacyinsurrey.org.uk    www.advocacyinsurrey.org.uk**

If you have any questions then email us or call on 0800 335 7330

You can return by email, please ensure that this confidential information is transmitted by using a secure portal such as Egress (preferred), NHS secure, password protected document or other secure system.



**Client Details**

<b>Full Name</b>	
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<b>Normal Address</b>	
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<b>Current Location</b>	
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<b>D.O.B. (dd/mm/yyyy)</b>		<b>Gender</b>	
<b>Ethnicity</b>		<b>Religion</b>	
<b>Marital Status</b>		<b>Orientation</b>	

**Other Protected Characteristics (click all the apply)**

Physical	Dual Sensory	Visual	Organic Mental Health
Hearing	Autism/Asperger's	Carer	Functional Mental Health
Pregnant	Cognitive Impairment	Other (specify in the space below)	

**Additional information related to the above**

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**Does the client have any special communication requirements**

This may be the client has hearing or language issues and so requires an interpretator, signer or someone who uses Makaton. They may be wary of strangers therefore needs a familiar staff member/person with them, etc.

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**Any other client information you consider relevant**

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### Decision details

An IMCA only works on one decision at a time. Please indicate what the decision is

#### **Notes on decision types**

**Accommodation move** refers to a change of accommodation, such as from home to a care home, and also includes a change of accommodation organised by a Local Authority from one care home to another for a period of more than 8 weeks, or an NHS organised move from one hospital to another for a period of more than 4 weeks.

For **safeguarding**, the case must be in safeguarding (section 42 of the Care Act) and there needs to be a specific decision (protective measure or measures) that are proposed, or in place, and the person has been assessed as lacking capacity to consent to these. If this is not the case, use the **Non-instructed Care Act Advocacy Service** which can begin at any time in the safeguarding process.

**Care (accommodation) reviews** are only accepted if these follow IMCA involvement after an accommodation move. You do not need an IMCA for an annual care review if the person is subject to a DoLS Authorisation and has a RPR. For all other situations annual care reviews are now provided by the **Non-instructed Care Act Advocacy Service**.

**Serious Medical Treatment** is when a clinician suggests providing, withdrawing or withholding treatment in circumstances where one or more of the following situations apply:

- a single treatment is being proposed and there is a fine balance between its benefits to the patient and the burdens and risks it is likely to entail for them
- where there is a choice of treatments, and the decision as to which one to use is finely balanced
- what is proposed would be likely to involve 'serious consequences' for the patient.

#### **Has there been a Capacity Assessment regarding this decision?**

Note: The MCA05 states that we must assume capacity unless someone has been assessed as lacking capacity to make a particular decision at a particular time. We will need to see a copy of this assessment.

#### **What is the reason or cause of the person's lack of capacity?**

Do not put unknown, the diagnostic aspect of the capacity test requires that you identify an impairment of the functioning of the mind or brain that directly affects the ability of someone to make the decision at hand.

#### **When does the decision need to be made?**

Please do not put 'as soon as possible'; an IMCA needs time to complete their investigations.

#### **Are there any key dates we need to be aware of?**

This may include: planned best interests meetings, dates when key professionals are unavailable,



**Advocacy**  
in Surrey

**Independent Mental Capacity  
Advocacy (IMCA) Referral Form**



**Please provide details of the decision**

This may include:  
what has lead up to the need for this, has there been any historic issues, what steps you may have taken to involve the person and maximise their involvement/capacity, what are the range of options available, etc.



### Significant People Involved (professionals)

Names, contact details and relationships of any professionals who knows the person or may be able to provide information. *E.g. Care Manager, Doctor, manager of home, care staff, nurses, advocates, etc.*

### Significant People Involved (friends, family, etc.)

*Names of friends, family or any unpaid person who knows the person  
Please include contact details and relationship to the person*

### **If you have included friends/family, you must explain why they are not appropriate to consult**

*Note: IMCAs are not there to replace family/friends but primarily for when people have no one else who is independent of paid/professional services who can assist in the best interests process. Family/friends should not be displaced just because they disagree with the decision maker—try holding a best interests meeting before considering an IMCA.*



**Are there any Advance Directives, Lasting Power of Attorneys, Court-appointed Deputies or Court Orders that relate to the decision?**

*Please confirm if this has been checked (it is registered with the Office of the Public Guardian or you have seen a copy with the seal); you may not be the Decision Maker or may be required to follow any valid Advance Directive/Court Order.*

**Decision Maker Details**

*This is the person who is proposing to perform the action in question on the basis that it is said to be in the person's best interests. By filling in this section you are confirming that you are legally entitled to make this best interests decision on behalf of the client. Only the decision maker can make an authorised instruction, and we cannot begin until they are identified.*

<b>Name</b>	
<b>Role/Profession</b>	
<b>Organisation</b>	
<b>Team/Department</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email (required for report)</b>	
<b>Address</b>	

**Referrer Details (if different to decision maker)**

*Leave this blank if you are the decision maker.  
We must have a decision maker otherwise we cannot progress the referral.*

<b>Name</b>	
<b>Role/Profession</b>	
<b>Organisation</b>	
<b>Team/Department</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Address</b>	

**For office use only**

<b>Referral date</b>		<b>GDPR COMPLIANCE:</b> As you are making a referral on behalf of someone else then you will be giving permission in their best interests to share their data with Advocacy in Surrey, in line with the General Data Protection Regulations 2018 and the Mental Capacity Act 2005. This sensitive data will be recorded, stored and protected by Advocacy in Surrey and will only be shared with the independent organisations that make up the Advocacy in Surrey partnership (Surrey Disabled People's Partnership & Matrix SDT).
<b>Taken by</b>		
<b>With Matrix</b>		