

## Independent Mental Capacity Advocacy (IMCA)

Details of person requiring an IMCA:

<b>Full name:</b>	
<b>DOB:</b>	
<b>Gender:</b>	
<b>Permanent address:</b>	
<b>Current location if different from permanent address:</b>	
<b>Telephone number:</b>	
<b>Mobile number:</b>	
<b>Registered GP:</b>	

### How does the person communicate?

- |   |  |
|---|--|
| <input type="checkbox"/> English                                | <input type="checkbox"/> Gestures/facial expressions/vocalisations |
| <input type="checkbox"/> Other spoken language (please specify) | <input type="checkbox"/> No obvious means of communication         |
| <input type="checkbox"/> British Sign Language                  | <input type="checkbox"/> Other (please state)                      |
| <input type="checkbox"/> Words/pictures/Makaton                 |  |

### Does the person have a disability or impairment?

- |   |   |
|---|---|
| <input type="checkbox"/> Mental health problems   | <input type="checkbox"/> Dementia                   |
| <input type="checkbox"/> Cognitive impairment     | <input type="checkbox"/> Autistic spectrum disorder |
| <input type="checkbox"/> Serious physical illness | <input type="checkbox"/> Unconsciousness            |
| <input type="checkbox"/> Learning disability      | <input type="checkbox"/> Other (please state)       |
| <input type="checkbox"/> Acquired brain injury    |   |

<b>Ethnic background:</b>	
White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White
Mixed White	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed White
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian
Chinese	<input type="checkbox"/> Chinese
Other Ethnic Group	<input type="checkbox"/> Other ethnic category (please state)

<b>Decision Maker's contact details:</b>	
Name:	Role:
Address:	
Email:	
Telephone number:	Fax:

<b>Decision to be made:</b>			
Serious medical treatment: <input type="checkbox"/>	Change of accommodation: <input type="checkbox"/>	Safeguarding adults: (for the perpetrator) <input type="checkbox"/>	Care review; of a change of accommodation <input type="checkbox"/>
Please provide further information below:			

<b>Capacity:</b>			
I have reasonable belief that the person lacks capacity around the decision at this time but may regain capacity in the near future	<input type="checkbox"/>	I have reasonable belief that the person lacks capacity around the decision and will do for the foreseeable future	<input type="checkbox"/>

<b>Has a capacity assessment been carried out?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outcome of the capacity assessment:		

<b>Family and friend involvement:</b>
Is there nobody (other than paid workers) whom the decision-maker considers are willing and appropriate to be consulted about the decision? If you have deemed someone 'inappropriate to consult', please provide details of this decision:

<b>Significant dates:</b>
When does the decision need to be made by:
Please provide details for any impending meetings or deadlines:

<b>Further relevant information:</b>
Please provide details:

**Please provide details of any risk the Independent Mental Capacity Advocate will need to consider:**

--

**Consent from Referrer:**

Due to GDPR (2018), we need signed authorisation to say that people agree to the IMCA Service holding personal information (including the information on this form).

The person being referred is deemed to lack capacity, therefore, the referrer must sign to say they are referring and providing information in the person's best interests, acknowledging that the person referred lacks capacity to make this decision.

I would like IMCA to do this work. I am providing this information and asking for this referral in the client's best interests:
---

<b>Referrer's signature</b>		Date:
-----------------------------	--	-------

I would like IMCA to do this work. I am providing this information and asking for this referral in the client's best interests:
---

<b>Referrer's signature</b>		Date:
-----------------------------	--	-------

**Consent from Decision Maker (if possible):**

I am instructing the IMCA service to do this work. They can keep records of the information on this form, and other information provided that is needed to complete this work. I am asking for this referral in the best interests of the person concerned:
---

<b>Decision Maker's signature</b>		Date:
-----------------------------------	--	-------

**Please note: Before a formal instruction is accepted, authorisation will be required from the Decision Maker. If it is not possible for a signature from the Decision Maker to be obtained before submission of this form, IMCA will contact the Decision Maker directly to seek authorisation.**

**Please email the completed form to: [admin@advocacyfocus.org.uk](mailto:admin@advocacyfocus.org.uk)**