 2020-2023

**EXTERNAL AGENCY REFERRAL FORM**

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| --- | --- | --- | --- |
| Name of referrer: |  | Organisation: |  |
| Job Title: |  | Contact Number and e-mail address: |  |
| Client’s Name: |  | Date of Birth: |  |
| Address: |  | Preferred language: |  |
| Telephone number(s) and/or e-mail address: |  |
| Ethnic Origin: |  | Any disabilities or special needs: |  |
| Employment status: |  | Any other information: |  |
| Brief description of complaint (and organisation complained about): | | | |
| Has client consented to this referral? | | | |
| Is the client happy for us to discuss this complaint with you? | | | |
| Signature of referrer: Date: | | | |

Please send your completed form to:

Email: [ica@carersfederation.co.uk](mailto:ica@carersfederation.co.uk)

Post: NHS Complaints Advocacy NE. PO Box 11282 Nottingham NG5 0NZ

Our office are open Monday to Thursday, 9.00am – 5.00pm and Friday 9.00am – 4.30pm

Any party who wishes to disclose personal data must ensure either that it has the necessary consent of the individual concerned or it is able to justify the disclosure in accordance with the provisions of the Data Protection Act and the Human Rights Act.