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| **ADULT FAMILY GROUP CONFERENCE****Referral Form Camden Adult Social Care**  |
| **REFERRAL REQUEST INFORMATION** |
| **Name & Number of Referrer**: **Team**:**Have you experienced FGC before?** Yes 🞏 No 🞏 **Adult’s Details**:Name:Date of Birth:Address:Phone:Key Family Member (Required if Adult lacks capacity to agree to referral):**Mosaic ID**: | Is the adult open to safeguarding procedures? Yes 🞏 No 🞏 Has the adult been assessed as lacking capacity to make some or all decisions relevant to this referral? Yes 🞏 No 🞏 Does anyone currently have power of attorney? Yes 🞏 No 🞏Is the adult under COP/Appointeeship?  |
| Cultural/Language needs of adult and/or family / network members: | Does the adult have an advocate already?YES 🞏 NO 🞏 |
| What has triggered the FGC referral at this time? |
| What are you asking the family / network plan to address? What strengths do you see in the family / network? Questions you would ask the family / network? (*In order to help them make their plan*) |
| Can you envisage any difficulties bringing the family / network together? |
| Are there any timescales we need to be aware of? |

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| **I understand that information will be shared with relevant professionals and those family and friends invited to participate in the Family Group Conference.**  |

**Adult’s signature: ……………………………………………………………..Date: .......................** **(OR key family / network member signature:...............................................................................)** **Referrer: .............................................. Manager: ...............................................................** ***Please note: Referrer needs to attend the Family Group Conference and Review*** **Please e-mail this referral to:** **AdultFGC@camden.gov.uk**Alternatively you can contact:Sean Ahern (FGC and Practice Development Lead) Phone: 020 7974 4828 - 07388 957 076Email: Sean.Ahern@camden.gov.uk |