

## Learning Disabilities Ethical Advisory Group Referral Form

1. Name of Person making referral

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2. Contact details – work phone

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Address .....

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3. Designation/Title

4. Date of referral

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Please note that it is important that, where differences of opinion exist between Team Members, every effort should be made by all concerned to attend the meeting with the Ethical Advisory Group. If unable to attend, comments should be submitted in writing.

5. What is the Ethical issue you are bringing to this meeting?

6. Who else clinical/professional/managerial, have you talked to about this case/situation/issue? All issues should be discussed locally prior to referral to the Learning disability Ethical Advisory Group.

7. What were the outcomes of those discussions?

8. Has discussion taken place with the Service User/carer/nearest relative or advocate?

9. Names of those team members who will be attending the meeting with the Ethical Advisory Group:

NAME

TITLE

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## 10. Notes for referrers:

- Give as much information about the situation and issues involved as possible but **do not** include any information that will identify the Service User involved as this will breach his or her right to confidentiality.
- The person making this referral is expected to present the case to the Ethical Advisory Group and be present for the discussion and determination.
- If it involves differences of opinion within care teams, all team members have the option to attend.
- If there are any doubts about the suitability of a topic for referral staff can contact any member of the Learning disability Ethical Advisory Group for an informal discussion.

Brief summary of issues to be discussed:

(including proposed treatment programme etc/ what problems have been encountered)

Please note that it is helpful to be as specific and clear as possible about treatment/management options and concerns

**The group has no legal responsibility and it is only an informed opinion sought from those present who represent a body of professionals. No responsibility of the implementation of any advise lies with the group.**

## 11. Brief Summary

**This form should be submitted to Dave Goss at the earliest opportunity. Meetings of the Group are scheduled to be held on the first Wednesday afternoon of each month and referrals for discussion should be sent Mr D Goss, Service Manager, Derbyshire Advocacy Service, 3<sup>rd</sup> Floor Kelvin House, London Road, Derby, DE24 8UP. On receipt of the referral an appointment time will be offered.**