Children & Young Person's Advocacy

Referral Form for Children & Young Person's Advocacy

0 Office Use Only

Case reference

Date referral received

Advocacy service referred to

Advocate/Team

1 Consent

Do you have the consent of the child/young person? (if unable, please give a reason)

Yes ☐ No ☐ Unable to consent ☐

Do you have the consent of the parent/guardian?

Yes ☐ No ☐ Not Applicable ☐

2 Referrer Details

Date of referral

Organisation (if applicable)

First Name

Last Name

Address

Postcode

Telephone Number

Email Address

Mobile Number

Job Title/Relationship to Client

Health Professional ☐ Social Worker ☐ Family/Friend ☐

Carer ☐

Other (please specify)

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3 Client Details

Title

Date of Birth

First Name

Last Name

Permanent Address

Postcode

Telephone Number

Email Address

Mobile Number

Current Address (if different from above)

Postcode

Telephone Number

Location Setting

With family	☐	Foster care	☐	Children's home	☐		
Shared Lives	☐	Supported Living	☐	Hospital	☐		
Care/Nursing home	☐	Acute Psychiatric Ward	☐	Forensic Secure Unit	☐		
Prison/YOI	☐	Homeless	☐	No fixed abode	☐		

Other (please specify)

Child/young person's preferred method of contact

Any	☐	Phone	☐	Mobile	☐		
SMS (Text)	☐	Email	☐	Post	☐		
No Direct Contact	☐						

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3 Client Details cont.

If we can't contact the child/young person directly, who should we contact?

Name

Relationship to client

Phone

Email

Is English Spoken?

Yes ☐ No ☐ Not known ☐

Primary Communication Method

Spoken English ☐
Words/Pictures/Makaton ☐
British Sign Language (BSL) ☐
Not known ☐
Other (please specify other spoken languages here)

Other spoken language (specify below) ☐
Gestures/Expressions/Vocalisations ☐
No Obvious Means ☐

Does the client identify as having a disability?

Yes ☐ No ☐ Not known ☐ Prefers not to say ☐

Does the client have a diagnosed or recognised disability? (select all that apply)

Mental Health Condition ☐
Physical Disability ☐
Sensory (Visual) ☐
Asperger's/Autistic Spectrum Condition
Other (please specify)

Acquired Brain Injury ☐
Learning Disability ☐
Sensory (Auditory) ☐

Serious Physical Illness ☐
Cognitive Impairment ☐
Dementia/Alzheimer's ☐
Unconsciousness ☐

Is there one disability which is most relevant to the case? (If there is not, leave blank)

Mental Health Condition ☐
Physical Disability ☐
Sensory (Visual) ☐
Asperger's/Autistic Spectrum Condition

Acquired Brain Injury ☐
Learning Disability ☐
Sensory (Auditory) ☐

Serious Physical Illness ☐
Cognitive Impairment ☐
Dementia/Alzheimer's ☐
Unconsciousness ☐

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3 Client Details cont.

Military Connection

- [ ] Serving
- [ ] No
- [ ] Veteran
- [ ] Not known
- [ ] Carer relationship
- [ ] Prefers not to say

Gender

- [ ] Male
- [ ] Trans (Female to Male)
- [ ] Female
- [ ] Not known
- [ ] Trans (Male to Female)
- [ ] Prefers not to say

Other (please specify)

Sexual Orientation

- [ ] Lesbian
- [ ] Bisexual
- [ ] Prefers not to say
- [ ] Gay Man
- [ ] Questioning
- [ ] Heterosexual
- [ ] Not known

Other (please specify)

Marital/Civil Partnership Status

- [ ] Single
- [ ] Civil Partnership
- [ ] Widowed
- [ ] Prefers not to say
- [ ] Co-habiting
- [ ] Divorced/Dissolved
- [ ] Surviving (Civil Partnership)
- [ ] Married
- [ ] Separated
- [ ] Not known

Belief

- [ ] Buddhist
- [ ] Jewish
- [ ] No Religion
- [ ] Christian
- [ ] Muslim
- [ ] Not known
- [ ] Hindu
- [ ] Sikh
- [ ] Prefers not to say

Other (please specify)

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3 Client Details cont.

Ethnicity

Asian/Asian British

Indian ☐ Pakistani ☐
Chinese ☐ Bangladeshi ☐
Other (please specify)

Black/Black British

African ☐
Caribbean ☐
Other (please specify)

White

British ☐
Irish ☐
Gypsy/Traveller ☐
Other (please specify)

Mixed

White & Black Caribbean ☐
White & Black African ☐
White & Asian ☐
Other (please specify)

Other

Arab ☐
Other (please specify)

Not known ☐
Prefers not to say ☐

Does the client identify as Cornish?

Yes ☐ No ☐ Not known ☐

4 Case Details

Local Authority (Council of client's location)

Child Legal Status

What help is needed from the advocate?

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4 Case Details cont.

What is the main issue?

Child in care ☐ Child Protection Plan ☐ Not Known ☐
Care leaver ☐ Making a complaint ☐ Young carer ☐
SEND (Special Educational Needs & Disabilities) ☐
Other (please specify)

Enter dates, times and venues of any important meetings or other deadlines

If there are any risks we should be aware of give details (otherwise state 'no known risks')

Additional information that may be relevant (such as special needs)

Social Worker Contact Details (if different to the person making this referral)

Name

Phone

Email

School Contact Details

Name

Phone

Email

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4 Case Details cont.

Other agencies involved

Does the client have an EHCP? (Education & Health Care Plan)

Yes ☐ No ☐

5 Declaration

In making this referral, I declare that:

- I wish to request advocacy support from The Advocacy People.
- I understand that client information will be stored safely on a computer.
- I confirm that I have consent from the client/their parent(s) to make the referral
- OR I have the authority to make the referral for the client.
- I agree to The Advocacy People and their delivery partners holding personal information (including information on this form).
- I understand the provision of an advocacy service is subject to the client meeting eligibility criteria.

Please email the completed form to: **info@theadvocacypeople.org.uk**
or post to: **P.O. Box 375, Hastings, TN34 9HU**

If you have not received confirmation of this referral within **3 working days**, or you would like to discuss any aspects of a referral, please call **0330 440 9000**.
By requesting advocacy support, you give consent to The Advocacy People sharing information, as required for the purposes of providing the service.
For more information on our Privacy Notice, please ask your advocate or go to www.theadvocacypeople.org.uk/privacy

Confidentiality
Communications between you and The Advocacy People are confidential. We will not divulge any information without your permission unless disclosure is required or permitted by law, e.g. where you tell us something which leads us to believe you or someone else may be at risk of serious harm or abuse or committing a serious criminal offence, where there is a court order for disclosure, or where we would be breaking the law by failing to disclose.

All records are held by The Advocacy People in accordance with current Data Protection legislation.