**Child and young person’s advocacy referral form**

**For referrals from professionals**

*Text field boxes will expand as you type.*

*All data supplied to us in this form will be process in accordance with our (Insert Privacy Notice)*

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| 1. **Details of the child or young person you are referring**
 |
| **First name**  | Click here to enter text. | **Last name** | Click here to enter text. |
| **Date of birth** | Click here to enter text. | **Age** | Click here to enter text. |
| **Current address and postcode**  | Click here to enter text. |
| **Home address and postcode** *(if different to current address)* | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Phone number**  | Click here to enter text. |
| **Responsible Local Authority:** Click here to enter text. |
| **Placed out of area:** [ ]  **Yes** [ ]  **No** |
| **Your organisations reference number/Person ID:** Click here to enter text. |

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| 1. **Consent** *(has the child or young person requested/agreed to this referral?)*
 |
| [ ]  Yes  | [ ]  No | [ ]  Lacks capacity  |
| **Please tell us further about any access needs for this child or young person:** Click here to enter text. |

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| * 1. **Consent continued…**

*(CIN/CP has the person with parental responsibility agreed to this referral?)* |
| [ ]  Yes  | [ ]  No | [ ]  Other  |
| **Other, Please provide further details:**Click here to enter text. |

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| 1. **Child or young person current circumstances or care status**
 |
| [ ]  CIN (s17) | [ ]  Child Protection  | [ ]  Section 20  |
| [ ]  Section 31  | [ ]  Section 38 (Interim care order)  | [ ]  Relevant child  |
| [ ]  Former relevant child  | [ ]  Qualifying care leaver  | [ ]  Care leaver  |
| **Immigration status:** Click here to enter text. |

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| 1. **Advocacy Type**
 |
| [ ]  Instructed | [ ]  Non-Instructed  |
| **Please tell us about any access needs for this child or young person:** *(For example, they use assistive communication such as symbol books, talking mats, PECS)*Click here to enter text. |

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| 1. **Key Contacts** *(\** ***Mandatory fields*** *others as appropriate to the referral type)*
 |
| **Parent/\*Carer**  | **Relationship**  | Click here to enter text. |
| **Name** | Click here to enter text. |
| **Phone**  | Click here to enter text. |
| **Email** | Click here to enter text. |
| **\*Social Worker**  | **Team** | Click here to enter text. |
| **Name** | Click here to enter text. |
| **Phone (direct)** | Click here to enter text. |
| **Phone (team)** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **LA Address** | Click here to enter text. |
| **\*Team Manager**  | **Name** | Click here to enter text. |
| **Phone (direct)** | Click here to enter text. |
| **Phone (duty)** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **\*Independent Reviewing Officer** | **Name**  | Click here to enter text. |
| **Phone (direct)** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Manager**  | **Name:** Click here to enter text. **Tel:** Click here to enter text. |
| **School** **Designated Safeguarding Lead**  | **Name** | Click here to enter text. |
| **Phone**  | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Other** | **Name**  | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Email**  | Click here to enter text. |
| **Other**  | **Name**  | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Email**  | Click here to enter text. |

**Please read before completing section 6**

We work exclusively for children and young people. We assure them that the service is confidential and nothing will be done or said without their consent, unless it is necessary to prevent harm to them or to someone else. They are also assured that will share any information that is passed onto us, **please do not disclose anything in this form without their knowledge or agreement,** unless sharing is required to ensure that child and his or her lone working advocate are kept safe. The information you provide may be discussed with the young person.

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| 1. **Reason for child or young person’s advocacy referral (box’s will expand as you type)**
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| Please tell us what issues the young person would like an advocate to help them with using their words where possible:Click here to enter text. Please provide the title of the meeting: Click here to enter text.Date and time of the meeting: Click here to enter text.Has the child or young person been invited to attend this meeting: [ ]  Yes [ ]  No |

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| 1. **Risk Information**
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| Is the referrer aware of any known risks to worker or child’s safety (including risk in meeting young person at current address): [ ]  **Yes**  [ ]  **No****Details of any risk:** Click here to enter text. |

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| 1. **Diversity monitoring (***We want to make sure that our services are reaching children and young people who needs them. By giving us the information below about the person you’re referring, you can help us improve our offer)*
 |
| **Gender**  | Choose an item.If the child or young person would prefer to use their own gender identity, please write in:Is their gender the same as child their gender registered at birth?[ ]  Yes [ ]  No [ ]  Prefer not to say |
| **Ethnicity** | Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which the child or young person perceive they belong. Please choose appropriate item:* **Asian or Asian British:** Choose an item.
* **Black, African, Caribbean or Black British:** Choose an item.
* **Mixed or Multiple ethnic groups:** Choose an item.
* **White:** Choose an item.

Any other ethnic group, please write in: Click here to enter text. |
| **Disability**  | Does the child or young person consider themselves to have a disability or health condition? Choose an item.**Details:** Click here to enter text. |
| **Special Educational Needs**  | Choose an item.**Details:** [ ]  Education, health and care plan |
| **Religion**  | Choose an item.Any other religion or belief, please write in: Click here to enter text. |
| **Language**  | First Language: Preferred Language:Interpreter required [ ]  Yes [ ]  No |

**Please send completed referrals by secure email to:**

* CPBCP@coramvoice.org.uk for **Child Protection Advocacy**
* help@coramvoice.org.uk for **Community Advocacy**

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| 1. **Referrers details**
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| **Organisation**  | Click here to enter text. |
| **Relationship/Title** | Click here to enter text. |
| **Name** | Click here to enter text. |
| **Phone (direct)** | Click here to enter text. |
| **Email**  | Click here to enter text. |
| **Date** | Click here to enter text. |