**Advocacy referral form**

**For referrals from professionals**

**Please read before completing:** We are here to support children and young people, and they should be in charge of their own advocacy as much as possible. They have the right to choose what they want help with and to know that what they say stays private, unless someone is in danger. No one should refer a child or young person without talking to them first and making sure they are involved, because their voice is the most important.

We respect their **right** **to be heard** and to have a say in decisions that affect their lives, which includes this referral.

**Please only share information that the child or young person can know about, unless it needs to be shared to keep them or their advocate safe.**

*Text field boxes will expand as you type.*

*All data supplied to us in this form will be processed in accordance with our (*[Privacy Notice - Coram Voice](https://coramvoice.org.uk/privacy-notice/)*)*

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| 1. **Has the child or young person consented to this referral** | |
| Yes? | Other |
| **Other, please provide further details:**  Enter other reasons here. | |
| **If the child or young person is on a Child in Need or Child Protection plan, has the person with parental responsibility agreed to this referral?** | |
| Yes? | Other |
| **Other, please provide further details:**  Enter other reasons here. | |

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| 1. **Details of the child or young person you are referring** | | | |
| **First name** | Enter first name here. | **Last name** | Enter last name here. |
| **Preferred name** | Enter preferred name here. | | |
| **Date of birth** | Enter date of birth here. | | |
| **Current address**  **and postcode** | Enter address here.  **Can we write to the young person at this address?**  Yes  No | | |
| **Accommodation type** | Choose an item. | | |
| **Email** | Enter the young person’s email address here. | | |
| **Phone number** | Enter the young person’s contact number(s) here. | | |
| **Preferred contact method** | Enter the young person’s preferred contact method here. | | |
| **Responsible Local Authority:** Enter the young person’s responsible authority here. | | | |

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| 1. **Child or young person current care status/situation** | | |
| Section 17 (Child in Need) | Section 17 (Child Protection) | Section 20 (Accommodated) |
| Section 31 (Full Care Order) | Section 38 (Interim Care Order) | Care leaver |
| Relevant child | Former relevant child | Qualifying care leaver |
| **Immigration status:** Enter immigration status here. | | |

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| 1. **Support needs** | | |
| **Does this child or young person have any access needs, including support with their communication or decision-making?** *(For example, do they use assistive communication like symbol books, Talking Mats, or a Picture Exchange Communication System? Please also let us know about any needs related to their understanding, mental capacity, or ability to make decisions, so we can support them in the best way possible.)* [*Non Instructed\_Advocacy\_Leaflet.pdf*](https://coramvoice.org.uk/wp-content/uploads/sites/2/2025/01/non_instructed_advocacy_leaflet.pdf)  Tell us more here. | | |
| **First Language:** Enter first language here. | **Preferred Language:** Enter preferred language here. | **Interpreter required?**  Yes  No |

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| 1. **Key contacts** *(\** ***Mandatory fields,*** *others as appropriate to the referral type)* | | |
| **Parent/Carer\*** | **Relationship** | Enter relationship here. |
| **Name** | Enter full name here. |
| **Phone** | Enter phone numbers here. |
| **Email** | Enter email address here. |
| **Parent/Carer** | **Relationship** | Enter relationship here. |
| **Name** | Enter full name here. |
| **Phone** | Enter phone numbers here. |
| **Email** | Enter email address here. |
| **Social Worker\*** | **Name** | Enter full team details here. |
| **Team Name** | Enter full name here. |
| **Phone (direct)** | Enter phone numbers here. |
| **Phone (team)** | Enter team numbers here. |
| **Email** | Enter email address here |
| **LA Address** | Enter address here. |
| **Social Worker Team Manager\*** | **Name** | Enter full name here. |
| **Phone (direct)** | Enter phone numbers here. |
| **Phone (duty)** | Enter team numbers here. |
| **Email** | Enter email address here. |
| **Independent Reviewing Officer/CP** | **Name** | Enter full name here. |
| **Phone (direct)** | Enter phone numbers here. |
| **Email** | Enter email address here. |
| **School**  **Designated Safeguarding Lead** | **Name** | Enter full name here. |
| **School** | Enter school name here. |
| **Phone** | Enter phone numbers here. |
| **Email** | Enter email address here. |
| **Address** | Enter address here. |
| **Other** | **Role/Relationship** | Entre role/relationship here. |
| **Name** | Enter full name here. |
| **Phone** | Enter phone numbers here. |
| **Email** | Enter email address here. |

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| 1. **Why does the child or young person want an advocate?** |
| Please use their words where possible:  Enter detail here.  Please provide the title of next meeting: Enter the meeting type here.  Date and time of the meeting: Enter the meeting type here. |

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| 1. **Risk information** |
| Are there any known safety concerns?  Yes  No  **If yes,** please provide details only if the risk could impact the child or young person, or advocate in carrying out their role:Enter details here. |

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| 1. **Diversity monitoring** (*We want to make sure that our services are reaching children and young people who need them. By giving us the information below about the person you’re referring, you can help us improve our offer)* | |
| **Gender** | **Child or young person’s gender identity, please write in:**  Enter gender here.  **Please detail preferred pronouns:** Enter pronouns here. |
| **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 from list here. * **Black, African, Caribbean or Black British:** Choose from list here. * **Mixed or multiple ethnic groups:** Choose from list here. * **White:** Choose from list here. * **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?  Yes  No  Prefer not to say  **Details:** Enter further details here. |
| **Special Educational Needs** | Choose from list here.  **Details:**  Does the child or young person have an education, health and care plan (EHCP)?  Yes  No |
| **Religion** | Choose from list here**.**  If other religion or belief, please write in: Enter further detail here. |

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| 1. **Referrer details** | |
| **Organisation** | Enter your organisation details here. |
| **Relationship/Title** | Enter your relationship or title here. |
| **Name** | Enter your full name here. |
| **Phone (direct & mobile)** | Enter your phone numbers here. |
| **Email** | Enter your email address here. |
| **Date** | Enter date of referral here. |

**Please send completed referral form by secure email to:**

To request an independent advocate to support a child through the Child Protection process, please send the completed form to [cpstockport@coramvoice.org.uk](mailto:cpstockport@coramvoice.org.uk)

For all other independent advocacy referrals (other than child protection), please send the completed form to: [help@coramvoice.org.uk](mailto:help@coramvoice.org.uk)