**Children’s Advocacy (Salford)**

Child in Need, Child Protection, Cared for Children (aged 5-18)

and Care Leavers (aged 18-25)

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| **Full name:** |  |
| **DOB:**  |  |
| **Permanent address:** |  |
| **Current location if different from permanent address:** |  |
| **Telephone number:**  |  |
| **Mobile number:** |  |
| **Email address:**  |  |
| **Disability or impairment:**  | ☐ Learning disability☐ Acquired brain injury ☐ Autistic spectrum disorder☐ Neurological conditions☐ Stroke☐ Mental health condition ☐ Sensory impairment ☐ Long term health condition ☐ Physical disability ☐ None ☐ Not listed, **please specify:**☐ Prefer not to say |
| **Gender:** | ☐ Female☐ Male ☐ Non-binary☐ Not listed, **please specify:**☐ Prefer not to say |
| **Pronouns:** | ☐ He/him ☐ She/her ☐ They/them  |
| **Sexual orientation:**  | ☐ Bisexual☐ Heterosexual☐ Lesbian or gay☐ Not listed, **please specify:** ☐ Prefer not to say |
| **How does the person communicate?**  | ☐ English☐ Other spoken language, **please specify:** ☐ British Sign Language☐ Words/pictures/Makaton ☐ Gestures/expressions/vocalisations☐ Not listed, **please specify:** ☐ No obvious means of communication |
| **Ethnic origin:**  | ☐ Arab/British Arab☐ Asian/British Asian ☐ Black/Black British☐ Gypsy/Roma/Traveller☐ Mixed heritage☐ White British – English, Welsh, Scottish, N. Irish☐ White – Irish ☐ White Other ☐ Not listed, **please specify:** ☐ Prefer not to say |
| **Religion or belief:**  | ☐ Atheist☐ Baha’i ☐ Buddhist ☐ Christian ☐ Hindu ☐ Humanist☐ Jewish☐ Muslim☐ Pagan☐ Not listed, **please specify:** ☐ Prefer not to say☐ No religion or belief |

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| **Referrer’s contact details:**  |
| Name:  | Role:  |
| Address:  |
| Email: |
| Telephone number:  | Fax:  |

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| **What support is required?** |
| Initial Child Protection Conference: ☐ | Review Child Protection Conference: ☐ |
| Cared for Child Advocacy: ☐ | Child in Need Advocacy: ☐  |
| Care Leavers Advocacy |  |
| **What does the child/young person need support with?** |
| Meetings/Reviews ☐ | Specific issue ☐ | To raise a complaint ☐ |
| Please provide further information below:  |

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| **Significant dates:**  |
| Please provide details for any impending meetings or deadlines:  |

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| **Further relevant information:**  |
| Please provide details:  |

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| **Consent:**  |
| Due to GDPR (2018), we need signed authorisation to say that the individual agrees to Advocacy Focus holding personal information (including the information provided on this referral) |
| **Does the young person have capacity to consent to the referral?** | Yes ☐ | No ☐ |
| **If yes, has consent been obtained?** | Yes ☐ | No ☐ |

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| **Has the referral been discussed with the parent/carer or guardian and/or the young person?**  | ☐ Yes☐ No |
| Further details if appropriate: |

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| **Please provide details of any risk the Independent Advocate will need to consider:**  |
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| **I would like an Independent Advocate support me:**  |
| Person’s signature:  | Date:  |
| Referrer’s signature on behalf of the person: | Date: |

**Please return this referral form to** **admin@advocacyfocus.org.uk**