**Independent Visitor (Salford)**

(for young people aged 8-18)

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| **Full name:** |  |
| **DOB:**  |  |
| **Permanent address:**(please include: how long is it envisioned that they will be at this address, are there any risks associated with this 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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| **Is there anybody the young person is not allowed to have contact with, without consultation with their social worker?** Is the young person aware of this?  |
| Please provide details:  |

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| **Potential Risks:**  | [ ]  Substance misuse[ ]  Suicidal ideation/attempts [ ]  Self-harm[ ]  Abuse from others [ ]  Abuse to others [ ]  Self-neglect [ ]  CSE concerns [ ]  Medical issues [ ]  Missing episodes [ ]  Issues with social interaction [ ]  Emotional and behaviour difficulties [ ]  Risk of absconding [ ]  Issues with attachment  |
| Please provide any further information and details of any measures already in place to avoid potential risks:  |

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| **Allergies and medication:**  |
| Please provide details:  |

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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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| **I would like an Independent Visitor to 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**