**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  ☐ Female, Male at birth  ☐ Male, Female at birth  ☐ 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**](mailto:admin@advocacyfocus.org.uk)