**Child Protection Advocacy (Trafford)**

**(for children aged 8 and over\*)**

*\*Exceptional cases - any cases where the child is under the age of 8, but it is identified that there is a real need for advocacy support, can be discussed with the service manager before making the referral.*

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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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| **Issue to be addressed:**  |
| Initial Child Protection Conference: [ ]  | Review Child Protection Conference: [ ]  |
| Please provide further information below:  |

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| **Relevant dates (for Initial Child Protection Conference or Review):**  |
| Please provide details for any impending meetings or deadlines:  |

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| **Further relevant information:**  |
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| **Consent:**  |
| Due to GDPR (2018), we need signed authorisation to say that the individual agree 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:** 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 to support me:** |
| Young person’s signature (where possible): | Date:  |
| Referrer’s signature on behalf of the young person: | Date:  |

**Please send the referral form securely to** **admin@advocacyfocus.org.uk**

**Please also send a copy to** **safeguardingchildrenteam@trafford.gov.uk**