**Independent Visitor (St Helens)**

|  |  |
| --- | --- |
| **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 [ ]  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 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Are you aware of any issues or concerns that should be taken into consideration in relation to:** |  |  |  |  | **Further Details:**  |
| **Health** | Physical health | Yes |  | No |  |  |
| Medical conditions | Yes |  | No |  |  |
| Use of medication | Yes |  | No |  |  |
| Pregnancy  | Yes |  | No |  |  |
| **Disability** | Disability | Yes |  | No |  |  |
| Learning disability | Yes |  | No |  |  |
| Mobility or access requirements | Yes |  | No |  |  |
| Social and communication requirements | Yes |  | No |  |  |
| Capacity to retain information | Yes |  | No |  |  |
| Capacity to understand complex info | Yes |  | No |  |  |
| **Mental Health** | Mental health | Yes |  | No |  |  |
| Emotional wellbeing | Yes |  | No |  |  |
| Low confidence or self esteem | Yes |  | No |  |  |
| Self-harm | Yes |  | No |  |  |
| Suicide attempts | Yes |  | No |  |  |
| **Vulnerability** | Risk taking behaviour | Yes |  | No |  |  |
| Substance misuse | Yes |  | No |  |  |
| CSE | Yes |  | No |  |  |
| Trafficking | Yes |  | No |  |  |
| Involvement in criminal activity  | Yes |  | No |  |  |
| Vulnerable to exploitation | Yes |  | No |  |  |
| Gang involvement | Yes |  | No |  |  |
| Cultural sensitivities  | Yes |  | No |  |  |
| **Risk to Others** | Aggressive or violent behaviour to others | Yes |  | No |  |  |
| Inappropriate sexualised behaviour | Yes |  | No |  |  |
| Concerns regarding associates | Yes |  | No |  |  |
| Allegations against staff | Yes |  | No |  |  |
| Supervision/ratio requirements | Yes |  | No |  |  |
| Location of meeting  | Yes |  | No |  |  |
| Behaviour  | Yes |  | No |  |  |
|  | Other (e.g. reputation issues) | Yes |  | No |  |  |

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

|  |
| --- |
| **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 [ ]  |

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

|  |
| --- |
| **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**