**Children’s Advocacy (St Helens)**

Child in Need, Child Protection, Cared for, Care Leavers and Independent Visitor

For young people who are from St Helens local authority

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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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| **Social worker’s contact details (if different from referrer):**  |
| 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: [ ]  | Care Leavers Advocacy: [ ]   |
| Child in Need Advocacy: [ ]  | Independent Visitor: [ ]  |
| **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 or Independent Visitor will need to consider:**  |
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| **I would like an Independent Advocate/Independent Visitor (delete as appropriate) 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**