**Independent Advocacy Referral Form**

**Nottinghamshire**

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| **Initial Information** |
| **Advocacy Referral Date:** |  |  |  |
| **About the person making the referral** |
| **Your Name** |  | **Telephone** |  |
| **Your relationship to the Young Person** |  | **Your email address**  |  |
| **Is the young person aware the referral is being made?**  | **Yes / No**  |  |  |

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| **About the Child / Young Person** |
| **Name:** |  |
| **Age & Date of Birth** |  |
| **Person with PR** |  |
| **Gender** |  |
| **Ethnicity** |  | **Preferred Language** |  |
| **Does the young person consider themselves disabled?**  |  | **Details** |  |
| **Young person’s address**  |  |
| **Telephone number** |  |
| **Name of school/college** |  |

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| **About the Child / Young Person (continued)** |
| **Name of Social Worker** |  |
| **Social Worker’s telephone number** |  |
| **Social Worker’s email address** |  |
| **Social Worker’s address** |  |
| **If the Young Person is accommodated, under which order?**  |  |
| **Please provide details of any other relevant legislation in place?** |  |
| **Please provide information about any known risks to the young person or other information we should be aware of.** **Are there any risks to the advocate visiting the young person** |  |
| **Please provide information that may help with communication, for example, any additional needs, preferred time and place to meet.**  |  |

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| **Please provide a brief history and the reason for the referral, please include any relevant meeting dates** |

Signed ………………………………………………………… (NAME)……………………

**For Cgl use:**

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| **ACTION PLAN**  |
| **Referral eligible?** |  |
| **Agency signposted to if relevant:** |  | Date: | By: |
|  |  |
| **Allocated to:** |  | Date: |
| **Referral acknowledged:** |  | Date: | By: |
|  |  | Date: | By: |
| **Risk Assessed with social services:** |  | Date: | By: |

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| **Policies Explained** | **Signed** | **Date** |
| **Consent of child confirmed by CGL** |  |  |
| **Safeguarding Concerns** |  |  |