**Independent Advocacy Referral Form**

**Staffordshire**

**(for use from 1st April 2023)**

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

**PLEASE NOTE: Before submitting this referral, please discuss this with the young person to ensure they have consented (where possible). If the young person has not given their consent, we cannot accept the referral. Thank you.**

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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** |  |
| **Name and contact details for lead contact at 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 Change Grow Live 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 Change Grow Live** |  |  |
| **Safeguarding Concerns** |  |  |