Please complete this form with as much detail as possible and return to LondonAdvocacy@actionforchildren.org.uk

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Local Authority:** | |  | | | | | | | | | | | | |
| **Date of referral:** | |  | | | | | | | | | | | | |
| **Referrer Details** | | | | | | | | | | | | | | |
| **Name of referrer:** | |  | | | | | | | **Telephone:** | | | | |  |
| **Relationship to the child:** | |  | | | | | | | | **Email:** | | | |  |
| **Young Person’s Details** | | | | | | | | | | | | | | |
| **Full Name**: |  | | | | | | | | | | | | | |
| **DOB**: |  | | | | | | | **Age:** | | |  | | | |
| **Gender:** |  | | | | | | | | | | | | | |
| **Address & Postcode:** |  | | | | | | | | | | | | | |
| **Young Person’s Contact Details** | | | | | | | | | | | | | | |
| **Telephone**: |  | | | | | | | **Email:** | | |  | | | |
| **Placement contact information:** | Carer/ Keyworkers Name: | | | | | | |  | | | | | | |
| Telephone Number: | | | | | | |  | | | | | | |
| Email: | | | | | | |  | | | | | | |
| **Young Person’s Background Information** | | | | | | | | | | | | | | |
| **Type of placement**:  *Please delete as appropriate* | ÿ foster care ÿ children’s home ÿ semi-independent accommodation ÿ council housing ÿ Other (please specify) | | | | | | | | | | | | | |
| **Legal Status:**  *Please delete as appropriate* | ÿ Child in Need or Child Protection (sec.17) Looked after: ÿ sec. 20 ÿ sec. 31  ÿ Care leaver ÿ Other (please specify) | | | | | | | | | | | | | |
| **Immigration Status:**  *Please delete as appropriate* | ÿ UK Citizen  ÿ EU Citizen  ÿ UASC  ÿ Other | | | | | | | | | | | | | |
| **Risk, Disability and Communication Information** | | | | | | | | | | | | | | |
| **Are there any known risks for the advocate and the young person working together?** *(e.g., areas where young person cannot go, medical conditions, behaviour)* | | | | | | | ÿ Yes  ÿ No | | | | | | | |
| If yes, what protective measures need to be put in place? | | | | | | |  | | | | | | | |
| **Does the young person require non-instructed advocacy? *This is used where a young person does not have capacity or the ability to instruct an advocate because of factors such as age, disability, mental health etc.*** | | | | | | | ÿ Yes  ÿ No | | | | | | | |
| **Does the young person require an interpreter?**  ***If yes, what is the young person’s first language?*** | | | | | | | ÿ Yes  ÿ No | | | | | | | |
| **Has the young person consented to this referral: *Please note that the young person cannot be contacted by the advocacy service without having asked for the service*** | | | | | | | ÿ Yes  ÿ No | | | | | | | |
| **Children’s Social Care Information** | | | | | | | | | | | | | | |
| **Social Worker’s Name:** | | |  | | | | **Personal Advisor’s Name:** | | | | | |  | |
| Social Worker’s Telephone: | | |  | | | | Personal Advisor’s Telephone: | | | | | |  | |
| Social Worker’s Email: | | |  | | | | Personal Advisor’s Email: | | | | | |  | |
| **SW Team Manager’s Name:** | | |  | | | | **Other Professional Name & Role *(i.e., IRO):*** | | | | | |  | |
| Team Manager’s Telephone: | | |  | | | | Other Professional’s Telephone: | | | | | |  | |
| Team Manager’s Email: | | |  | | | | Other Professional’s Email: | | | | | |  | |
| **Young Person’s Advocacy Issue**  *Please outline the reason(s) the young person would like advocacy support. Please use the young person’s words where possible. Please do not include information here that cannot be shared with young people.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Young Person’s Ethnicity**  *(please highlight)* | | | | | | | | | | | | | | | |
| A1 White British  A2 White Irish  A2 White Irish  A3 Greek or Greek Cypriot  A3 Kurdish  A3 Turkish or Turkish Cypriot  A3 Any other White Background  A4 Traveller of Irish Heritage  A5 Gypsy / Roma  B1 White and Black Caribbean  B2 White and Black African | | | | B3 White and Asian  B4 Mixed parentage C1 Asian – Indian  C2 Asian - Pakistani  C3 Asian - Bangladeshi  C4 Asian - other  C4 Vietnamese  D1 Black/Black British - Caribbean  D2 Any other African Background  D2 Black /Black British - African  D2 Black/Black British Eritrean  D2 Black/Black British Ghanaian | | | | | | | | D2 Black/Black British Nigerian  D2 Black/Black British Somali  D3 Black/Black British - other E1 Chinese  E2 Other  E3 Refused  E4 information not yet obtained  F1 Not Specified  F1 Unclassified (Refusal)  ZZ Irish  ZZ White | | | |
| **Are there any meetings/Child Protection Conferences/Reviews scheduled?** | | | | | | | | | | | | | | |
| ÿ No | ÿ Yes  (please give details) | | | | **Date** |  | | | | | | | | |
| **Time** |  | | | | | | | | |
| **Address** |  | | | | | | | | |