

Advocacy Service Referral Form



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:		
<p>Does young person give consent for Action for Children to let the Local Authority know they have requested advocacy? Please note the young person themselves need to give consent directly to us. It cannot be passed on by SW or other referrers.</p>			
Young Person's Background Information			
Type of placement: <i>Please delete as appropriate</i>	<input type="checkbox"/> foster care <input type="checkbox"/> children's home <input type="checkbox"/> semi-independent accommodation <input type="checkbox"/> council housing <input type="checkbox"/> Other (please specify)		
Legal Status: <i>Please delete as appropriate</i>	<input type="checkbox"/> Child in Need or Child Protection (sec.17) Looked after: <input type="checkbox"/> sec. 20 <input type="checkbox"/> sec. 31 <input type="checkbox"/> Care leaver <input type="checkbox"/> Other (please specify)		
Immigration Status: <i>Please delete as appropriate</i>	<input type="checkbox"/> UK Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> UASC <input type="checkbox"/> Other		
Risk, Disability and Communication Information			
Are there any known risks for the advocate and the young person working together? <i>(e.g., areas where young person cannot go, medical conditions, behaviour)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>If yes, what protective measures need to be put in place?</p>			
<p>Does the young person have a disability? <i>This is used to assess the best way to provide advocacy to the young person, in line with their needs</i></p>	<p><input type="checkbox"/> Yes. Details: <input type="checkbox"/> No</p>		
<p>Does the young person require non-instructed advocacy? <i>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.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Does the young person require an interpreter? <i>If yes, what is the young person's first language?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Has the young person consented to this referral: <i>Please note that the young person cannot be contacted by the advocacy service without having asked for the service</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Does the young person consent that Action for Children reports to the Local Authority that they have been in touch with the Advocacy Service <i>Consent needs to be sought by the Advocacy Service from the young person directly</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Children's Social Care Information</p>			
<p>Social Worker's Name:</p>		<p>Personal Advisor's Name:</p>	
<p>Social Worker's Telephone:</p>		<p>Personal Advisor's Telephone:</p>	
<p>Social Worker's Email:</p>		<p>Personal Advisor's Email:</p>	
<p>SW Team Manager's Name:</p>		<p>Other Professional Name & Role (i.e., IRO):</p>	
<p>Team Manager's Telephone:</p>		<p>Other Professional's Telephone:</p>	
<p>Team Manager's Email:</p>		<p>Other Professional's Email:</p>	
<p>Young Person's Advocacy Issue <i>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</i></p>			
<p></p>			

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Are there any meetings/Child Protection Conferences/Reviews scheduled?

No

Yes
(please give details)

Date

Time

Address

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
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