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| **Advocacy for All**  **The Civic Centre**  **St Mary’s Road**  **Swanley**  **BR8 7BU**  **Tel: 0345 310 1812**  **Email: referrals@advocacyforall.org.uk**  **Web: www.advocacyforall.org.uk**  C:\Users\shirley.wadeson\Desktop\Advocacy for All logo_1_Hi-res (RGB).jpg |

**Children’s Advocacy Referral Form – PLEASE COMPLETE FULLY**

**If you cannot complete this form, please click view and edit.**

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| **Date of Referral** | Click or tap here to enter text. | | | |
| **Type of Advocacy** | **Looked after Child** |  | **Child Protection** |  |
|  | **Care Leaver** |  | **Other** |  |

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| **Personal Information** | | | | |
| **Name of Child/Young Person** | Click or tap here to enter text. | | | |
| **Self-Referral** | **Yes**  **No** | | | |
| **P Number/unique identifier** | Click or tap here to enter text. | | | |
| **Date of Birth** | Click or tap here to enter text. | | | |
| **Address with Postcode** | Click or tap here to enter text. | | | |
| **Current address if not above** | Click or tap here to enter text. | | | |
| **Does the client reside with parent/carer?**  **If not please give details** | **Yes**  **No**  Click or tap here to enter text. | | | |
| **Gender** | **Male**  **Female** | | | |
| **Type of Plan if any** | **Child Protection** |  | **Child In Need** |  |
| **Disability /Additional Needs if any** | Click or tap here to enter text. | | | |
| **Ethnicity** | Choose an item. | | | |
| **Educational Placement** | Click or tap here to enter text. | | | |
| **Name Parent/Carer** | Click or tap here to enter text. | | | |
| **Parent/Carer Contact Number** | Click or tap here to enter text. | | | |
| **Parent/Carer Email Address** | Click or tap here to enter text. | | | |
| **Relationship to Child** | Click or tap here to enter text. | | | |

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| **Referrer Details** | |
| **Name** | Click or tap here to enter text. |
| **Specify Team** | **S&CP East  S&CP West  Court Team**  **Staying Together Team  Referral & Assm’t**  **Children looked after  Leaving Care Team**  **Children with Disabilities  Quality Improvement Team**  **Foster Carer  Residential Care Worker  School**  **Parent  other: (state role)** |
| **Telephone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |

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| **Social Worker Details (if not referrer)** | |
| **Name** | Click or tap here to enter text. |
| **Organisation & Team** | Click or tap here to enter text. |
| **Telephone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Is the Social Worker aware of this referral?** | **Yes  No** |

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| **If LAC/Care Leaver** | | | |
| **Foster carer** |  | **Residential Home** |  |
| **Independent Living** |  | **Semi Independent** |  |
| **Suitability of placement** |  | **Allowances/pocket money** |  |
| **Contact** |  | **Care plan** |  |
| **Health needs** |  | **Pathway Plan** |  |
| **Access to leisure/personal interests** |  | **Education support / accessing / training & employment** |  |
| **Other (Please specify)** | Click or tap here to enter text. | | |
| **Legal Status** | Click or tap here to enter text. | | |

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| **Reason for Referral** |
| **If the child is looked after, please describe the primary issue they require support with.**  **If the child is subject to child protection proceedings, please give details of the conference the child requires support with.**  Click or tap here to enter text. |

**Please return completed form with any other additional and relevant assessment information to: referrals@advocacyforall.org.uk**

**To discuss a referral please call: 0345 310 1812 option 1**



