**Nottingham City Advocacy Referral Form**

**Consent:** Referrals will only be accepted with the consent of the child or young person. Exceptions to this are where the child or young person has profound communication difficulties, is very young, and where it may be difficult to gain consent or understanding from them.

**Confidentiality**: Information provided in this form will remain confidential under the Data Protection Act 1998. The contents of this form will not be shared with any unauthorised person or body but please note, information is available to the child or young person.

**Completion:** Please complete this form as fully as possible. Expect acknowledgement of receipt of the referral within two working days. Send to: NottinghamCityAdvocacy@cgl.org.uk

**Communication:** You can also discuss the referral via Telephone **: 07785435219 / 07385049968**

**REFERRER’S DETAILS**

|  |  |
| --- | --- |
| Referrer’s name: |  |
| Organisation/ Referral agency: |  |
| Role: |  |
| Telephone No: |  |
| Email: |  |
| Date and Time of referral: |  |
| Has the child or young person consented to this referral?**If no, please gain permission before sending this form** | [ ]  Yes [ ]  No  |
| Is this a Non-Instructed Referral? | [ ]  Yes [ ]  No  |

**CHILD or YOUNG PERSON’S DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | DOB: |  |
| Gender: | [ ]  Male [ ]  Female |  Age: |  |
| Address: |  |
| Responsible local authority: |  | Country of birth: |  |
| Telephone No: |  | Email : |  |
| Nationality: |  |
| Ethnicity: | Choose an item. | Religion: | Choose an item. |
| Where does the young person live? | [ ]  Local authority Children’s Home [ ]  Local authority foster carer [ ]  Private Children’s Home [ ]  Private foster carer[ ]  16+ supported accommodation [ ]  Secure Children’s Home | Other – please specify: |
| Registrations: | [ ]  CAF [ ]  Child in Need Plan [ ]  Child Protection Plan [ ]  Looked After (Section 20) [ ]  Looked After (Section 31) [ ]  CARE Leaver [ ]  Interim Care Order | Other – please specify: |
| Date of last review meeting: |  |  |  |
| Are there any immediate safeguarding concerns? | [ ]  Yes [ ]  No **If YES, how are these concerns being addressed?**  |
| Was the decision to refer a recommendation of the young person’s statutory review / care plan? | [ ]  Yes [ ]  No  |  |  |
| Carer name and contact: |  | Does the parent/carer know the referral has been made? | Yes [ ]  No [ ]   |
| Social Worker name and contact (if known): |  |
| IRO name and contact (if known): |  |
| Current Education/Employment/Training:  |  |
| Any disabilities? | [ ]  Yes [ ]  No If yes, please specify: |
| Any medical conditions (including allergies)? | [ ]  Yes [ ]  No If yes, please specify: |

**IDENTIFIED RISKS**

Please tick all risks that you are aware of which are relevant to the young person, and provide further information.

|  |  |  |
| --- | --- | --- |
| Substance misuse | [ ]  |  |
| Suicide threat | [ ]  |  |
| Self-harm | [ ]  |  |
| Self-neglect | [ ]  |  |
| Abuse from others | [ ]  |  |
| Abuse to others | [ ]  |  |
| CSE concerns | [ ]  |  |
| Missing From Home concerns | [ ]  |  |
| Mental Health Issue | [ ]  |  |
| Emotional and Behavioural Difficulties | [ ]  |  |
| Social Interaction  | [ ]  |  |

|  |
| --- |
| **Please use this space to elaborate on any of the questions asked above, including any other information you deem relevant for this service:** |

**REASON FOR REFERRAL**

|  |
| --- |
| Referral issue: |
| *Please be aware that we share all information we are given with the child or young person, so please bear this in mind when sharing information with the service* |
| Outcome sought by referrer: |
|  |
| Outcome sought by child or young people: |
|  |