**Nottinghamshire County 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: [NottinghamshireAdvocacy@cgl.org.uk](mailto:NottinghamshireAdvocacy@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: |
|  |