**Black Country Advocacy Referral Form**

**\* It is compulsory to complete sections marked with a red asterisk**

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| \***Have you obtained consent from young person for referral? Y / N****\*When and how was this consent obtained?*** We cannot accept a referral without the consent of the young person that they want an advocate, exceptions to this are in the case of young people with profound communication difficulties, or the very young, where it may be difficult to gain consent / understanding from the young person
* In order to work with this young person, we do require consent to store information on our secure database. If young person is under 13, we require this consent from parent / carer / corporate parent.
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| \***Local Authority - please delete where appropriate****Dudley Sandwell Walsall Wolverhampton**\*Date and time of referral: \*Taken by / from:  |
| \***Details of Referrer:** Contact Number: Email Address: \***How did referrer hear about the service?** |
| \***Are there any safeguarding or other issues we should be aware of? CIN/CP**  |
| \***Young Persons Details**Name: Age/Date of Birth: Address: Phone no: Email: Contact Preference:  |
| \***Ethnicity:**  | \***Disability: Y / N** | \***Gender: M/ F** | \***Legal Status:** if child protection please state category |
| **Social Worker:** Address: Phone No: Email:  | **IRO :** Address: Phone No: Email:  |
| **Carer:**  |
| \***Issue:** **NOTE:** Please be aware that we share all information we are given with the young person, so please bear this in mind when sharing information with the service |
| **Additional Information:** |