**Advocacy Referral Form**

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| **Date of referral** |  | | |
| **Name of person making referral** | |  | |
| **Relationship with child / young person / care leaver** | | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of child / young person / care leaver** | | | | |  | |
| **Date of birth** | |  | | | | |
| **Gender** |  | | | | | |
| **Current address (including postcode)** | | | | |  | |
| **Phone number** | | | | |  | |
| **Email address** | | | | |  | |
| **How would the child / young person or care leaver prefer to be contacted?** | | | | |  | |
| **Any recent risk or safety information we need to know** | | | | |  | |
| **Any helpful communication information we need to know** | | | | |  | |
| **Reason for referral** | | | Please give us a **brief** outline of their advocacy issue(s): | | | |
| **Social worker’s name and contact details** | | | |  | |

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| **All referrals need to have been discussed with the child / young person / care leaver and they must be in agreement. Please put a cross in the appropriate box below:** | |
| I confirm that this referral has been discussed with the named child / young person and they are in agreement |  |
| The child / young person isn’t aware of this referral  but I would like an advocate to speak to them to explain their role |  |

Please return the completed referral form to:

Children’s Involvement Team

Howden House

Floor 3 South

1 Union Street

Sheffield

S1 2SH

or

Email: [Childrens.Involvement@sheffield.gov.uk](mailto:Childrens.Involvement@sheffield.gov.uk) or [advocacy@sheffield.gov.uk](mailto:advocacy@sheffield.gov.uk)