**Barnardo’s Jersey**

**Advocacy Referral Form**

**Please note that all fields marked \* must be completed**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child or Young Person’s Details** | | | | | | | | | | | | | |
| **Last Name\*** | |  | | | | | | | | **Date of Birth**\* | | |  |
| **First Name\*** | |  | | | | | | | | **Gender**\* | | | Please select |
| **Other Name(s)** | |  | | | | | | | | **Ethnicity**\* | | | Please select |
| **Address Line 1\*** | |  | | | | | | | | **Disability**\* | | | Please select |
| **Address Line 2** | |  | | | | | | | | **Preferred Language**\* | | |  |
| **Address Line 3** | |  | | | | | | | | Second Language | | |  |
| **Town\*** | |  | | | | | | | | **Religion**\* | | | Please select |
| **Post Code\*** | |  | | | | | | | | **CP Registration**\* | | | Please select |
|  | |  | | | | | | | | **Statement of SEN**\* | | | Please select |
| **Parent/Carer Details** | | | | | | | | | | | | | |
| **Name(s) \*** | | |  | | | | | | **Contact Number\*** | | |  | |
| **\*Has verbal consent been gained?**  **(Please note a referral cannot be made without this)** | | | | | | | | |  | | | | |
| **\*Parent/carer email** | | | | | | | | |  | | | | |
| Additional information (e.g. if address is different from above) | | | | | | | | | | | | | |
| **School Details** | | | | | | | | | | | | | |
| **Name & Address\*** | | | |  | | | | | | **Contact Name\*** | |  | |
| **Phone No\*** | |  | |
| **Social Worker Details** | | | | | | | | | | | | | |
| **Name\*** | | | | |  | | | | | **Phone No\*** | |  | |
| **Referrer Name & No**\*  If different to above | | | | |  | | | | | **Email\*** | |  | |
| **Meeting Details** | | | | | | | | | | | | | |
| **Date\*** |  | | | | | **Time\*** | |  | | | **Type ICPC/RCPC/CIN/other** | | Please select |
| **Venue\*** |  | | | | | | | | | | | | |
| Is the young person going to attend the meeting | | | | | | | | | | | | |  |
| Please confirm that you have discussed the meeting with the young person\*  If NO when will this discussion take place? | | | | | | | | | | | | |  |
| **BACKGROUND – what is the meeting about/why is it taking place? \***  **What would you like the advocate to ask the child?**  **safety issues for Advocacy Workers contacting referred person or making home visit, if necessary, (e.g. if not possible to arrange pre-meeting at school:** \* | | | | | | | | | | | | | |
| **Date of Referral \*** | |  | | | | | **Return to** | | | | [**jerseyadvocacy@barnardos.org.uk**](mailto:jerseyadvocacy@barnardos.org.uk) | | |