**Barnardo’s Jersey**

**Advocacy Referral Form**

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

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| **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** |