St Helens Advocacy Hub

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CONFIDENTIAL

CHILDREN & YOUNG PERSONS FORM

First Name:		Surname:	
Date of Birth:			
Home Address & Postcode:			
Current location if different from above **(including telephone and ward details)**			
Telephone Number:			
Mobile Number:			
Email Address:			
Funding Authority:			
Preferred method of contact:	Phone ☐ Email ☐ Post ☐		

Is the person aged 16-17yrs old and at risk of homelessness?	☐ Yes ☐ No
Does this person have any communication needs?	
Please detail any known risks	

CONSENT - Advocacy Operates under the GDPR Guidelines

If the person being referred is deemed to lack capacity, please sign below to say that you are referring in the client's best interest

Is this child or young person aware of the referral?	☐ Yes ☐ No
Signature of referrer:	

Gender:	☐ Male ☐ Female ☐ Prefer not to say ☐ Female, male at birth ☐ Male, female at birth ☐ Other, please specify ☐ Non-binary
Pronouns:	☐ He/him ☐ She/her ☐ They/them ☐ Other: _____
Sexual Orientation:	☐ Asexual ☐ Bisexual ☐ Heterosexual ☐ Gay/Lesbian ☐ Prefer not to say ☐ Other, please specify _____
Disability:	☐ Acquired brain injury ☐ Multiple impairments ☐ Neurological conditions ☐ Carer ☐ Older person ☐ Physical disability ☐ Dementia ☐ Sensory impairment ☐ Stroke ☐ Long term health condition ☐ Substance misuse ☐ Other (please specify) ☐ Autism ☐ Learning disability _____ ☐ Communication difficulties ☐ Mental health
Ethnic Origin:	☐ African ☐ Arab/British Arab ☐ Asian/British Asian ☐ Black/Black British ☐ Carribean ☐ Chinese ☐ European ☐ Gypsy/Roma ☐ Indian ☐ Mixed heritage ☐ Pakistani ☐ White British ☐ White Irish ☐ White other ☐ Prefer not to say ☐ Other, please specify: _____

Religion:	☐ Atheist ☐ Catholic ☐ Christian ☐ Jewish	☐ Sikh ☐ Buddhist ☐ Hindu ☐ Muslim	☐ Jehovah Witness ☐ Not known ☐ No religion ☐ Other, please specify: _____

Please provide Referrer and Decision-Maker details

	Referrer	Decision Maker
Name:		
Job/Role:		
Organisation/Team:		
Telephone:		
Email:		
Referral Date:		

Safe parent/Carer/Guardian details

Name:	
Relationship to Child or Young Carer:	
Telephone Number:	
Mobile Number:	

Upcoming meetings

Are there any upcoming meetings that we need to be aware of? Please can you detail below providing dates, time and location (in person or virtual):

Area of Advocacy required

Children & Young Person's Advocacy Under Children Act :	☐ Child in Need Plan / Section 17 ☐ Child Protection / Section 47 Enquiry (ICPC) ☐ Looked after Child/ Section 20 ☐ Child Protection Plan / Section 47 ☐ Interim Care Order ☐ Full Care Order	☐ Care Leaver (Post 18) ☐ Social Care Complaint

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Young Person Preparing for Adulthood - Advocacy Only Under Care Act

Children's Care Act Advocacy - please complete all below sections for us to be able to triage the referral

Children's Care Act Advocacy ☐		Care Act for Young Carers ☐	
Assessment ☐	Review ☐	Safeguarding ☐	Support Planning ☐
Will this person have substantial difficulty in being involved with the process?	Yes ☐	No ☐	
Has the client been deemed as having no appropriate person to facilitate the client's engagement in the process?	Yes ☐	No ☐	

Independent Mental Capacity Advocacy (IMCA) age 16+ please complete all sections to enable us to triage the referral

Serious Medical Treatment ☐	Change in Accommodation ☐	Safeguarding ☐	
Care Review ☐			
Has the client been assessed as lacking capacity around this issue?	Yes ☐	No ☐	
Has the client been deemed to not have appropriate friends or family who can be consulted?	Yes ☐	No ☐	
Date of capacity assessment:			
Who completed the capacity assessment?			
Any upcoming meeting dates?			

Has the client been deemed to not have appropriate friends or family who can be consulted?	Yes ☐	No ☐

Independent Mental Health Advocacy (IMHA) age 16+ - please complete all sections to enable us to triage the referral

Section 2 ☐	Section 3 ☐	CTO ☐	Guardianship ☐	Other: _____
Section start date:				
Ward:				
Any upcoming meeting dates?				

Referral Reason

Additional Professionals - Contact Details

Please return this form to -
Email: **referral@sthelensadvocacyhub.org.uk**
Phone: **0300 3030 202**
Website: **www.sthelensadvocacyhub.org.uk**

St.Helens Council