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**Advocacy Service**

Referral Form

**Please note:** We are happy to accept referrals from adults on behalf of young people but ask that you have discussed the referral with the young person and agreed with them how they would like Coram Voice to contact them.

**Please note:** As our advocacy service is young person led and transparent we will share all the information that you share on this form with the young person.

**Name of Child/Young Person: ……………………………………………………………………………………………………..**

**Has the Child/Young Person consented to this referral?**

…………………………………………………….

(Please note that young people must consent prior to the helpline making contact with the exception of children who lack capacity to consent to such referrals due to age or disability)

**Nature of advocacy issue and support requested by the child/young person:**

**Upcoming key dates / meetings:** ………………………………………………………………………………………………………………..

Please complete full details of your referral on the next page

**CHILD/YOUNG PERSON Continued…**

Child/Young Person address: ………………………………………………………………………………………..

Child/Young person phone numbers: ……………………………………………………………………..………..

Responsible Local Authority: ………………………………………………………………………………………..

Date of birth: ……………………………………………………………………………………………………………

Age: ……………………………………………………………..………………………………………………………

Gender: …………………………………………………………………………………………………………………

Care status: ……………………………………………………………………………………………………………

Disability: …………………………………………………………………………………………………………………

SEN Statement: …………………………………………………………………………………………………………

Ethnicity: …………………………………………………………………………………………………………………

Preferred language: ……………………………………………………………………………………………………

**CARER:**

Name: ……………………………………………………………………………………………………………………

Phone numbers: ………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………

**SOCIAL WORKER / PERSONAL ADVISOR:**

Position: …………………………………………………………………………………………………………………

Name: …………………………………………………………………………………………………………………

Email: …………………………………………………………………………………………………………………

Phone numbers: ………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………

**REFERRER DETAILS:**

Date of referral: …………………………………………………………………………………………………………

Referrer’s name: ………………………………………………………………………………………………………

Position: …………………………………………………………………………………………………………………

Agency: …………………………………………………………………………………………………………………

Phone numbers: ………………………………………………………………………………………………………

Email: …………………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………

**Please email this form to help@coramvoice.org.uk**