PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

 **[Insert name and address of local authority]**

**[Insert date]**

**- REQUEST FOR AN ADVOCATE -**

Dear

**INSERT NAME OF CHILD OR YOUNG PERSON AND DOB**

**INSERT ADDRESS**

My name is **[insert name]** and I am **[insert age]**.

I am writing to ask that the local authority arrange an advocate to support me to participate in **[my annual review / my assessment / the preparation of my EHC plan]**.

I understand that paragraph 9.25 of the Special Educational Needs and Disability Code of Practice: 0 to 25 years says that if a young person needs support from an advocate to ensure that they are involved as much as possible then **the local authority should make sure they have access to one.**

My **[annual review/assessment/meeting]** is taking place on **[insert date]** and I would like an advocate to attend with me. I will need to meet with the advocate before that date to explain to them my views and wishes and get to know them.

Please can you confirm within 7 days that you agree to my request.

Yours faithfully

**[insert name]**