



## Independent Advocacy Referral Form

### Staffordshire and Stoke-on-Trent

<u>Initial Information</u>			
Advocacy Referral Date:			
<u>About the person making the referral</u>			
Your Name		Telephone	
Your relationship to the Young Person		Your email address	
Is the young person aware the referral is being made?	Yes / No		

Once completed, please return to: [SSCRS@cgl.org.uk](mailto:SSCRS@cgl.org.uk)

Alternatively post to **Cgl Staffordshire Advocacy Project**

Unit 30, Staffordshire Business Village, Staffordshire Technology Park, Beaconside, Stafford ST18 0TW.

Tel: **07809 587007**

**Cgl Stoke Advocacy Project**

The Dudson Centre, Office 14, Hope Street, Hanley, Stoke-on-Trent. ST1 5BS.

Tel: **07809 587007**



<b>About the Child / Young Person</b>			
<b>Name:</b>			
<b>Age &amp; Date of Birth</b>			
<b>Person with PR</b>			
<b>Gender</b>			
<b>Ethnicity</b>		<b>Preferred Language</b>	
<b>Does the young person consider themselves disabled?</b>		<b>Details</b>	
<b>Young person's address</b>			
<b>Telephone number</b>			

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<b>About the Child / Young Person (continued)</b>	
<p><b>If the Young Person is accommodated, under which order?</b></p>	
<p><b>Please provide details of any other relevant legislation in place?</b></p>	
<p><b>Please provide information about any known risks to the young person or other information we should be aware of.</b></p>	
<p><b>Please provide information that may help with communication, for example, any additional needs, preferred time and place to meet.</b></p>	

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**Please provide a brief history and the reason for the referral, please include any relevant meeting dates**

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Signed ..... (NAME).....

**For Cgl use:**

ACTION PLAN			
<b>Referral eligible?</b>			
<b>Agency signposted to if relevant:</b>		Date:	By:
<b>Allocated to:</b>		Date:	
<b>Referral acknowledged:</b>		Date:	By:
		Date:	By:
<b>Risk Assessed with social services:</b>		Date:	By:

Policies Explained	Signed	Date
<b>Consent of child confirmed by CGL</b>		
<b>Safeguarding Concerns</b>		

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