

**Advocacy and Independent Visitor Service**

**Action for Children**

**Electronic Referral Form**

**ALL FIELDS OF THIS FORM MUST BE COMPLETED IN FULL ELECTRONICALLY**

**Date:**

**Local Authority:** Bournemouth  Poole

**If you believe an advocacy case is already open for this young person, please contact** [**ArtBrokerage@Bournemouth.gov.uk**](mailto:ArtBrokerage@Bournemouth.gov.uk) **for Bournemouth or** [**childrenscontracts@poole.gov.uk**](mailto:childrenscontracts@poole.gov.uk) **for Poole, to agree more hours on an existing case.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Why does the young person qualify for the Service?** | **Please tick all that apply** |  | **Minimum Hours** | |
| Child (8-18yrs) who is in care |  |  | CIC review | 5.5 |
| Child (8-18yrs) who is in care out of borough |  |  | CP conference | 4.5 |
| Child (8–18yrs) who is making a complaint |  |  | complaint | 15-20 |
| Child (8–18yrs) at initial child protection conference |  |  | If the child is out of Borough or has significant additional needs, please allow for this | |
| Child (8–18yrs) at review child protection conference |  |  |

|  |  |  |
| --- | --- | --- |
| **What Service Would you like?** | **Please tick only one** | **Approx total number of hours working on case including contact with child, travel and paperwork** |
| **Advocacy** |  | See above for guide: |
| **Independent Visitor Service** |  | Hours not applicable for Independent Visitors |

|  |  |
| --- | --- |
| **Young Person’s Details** | |
| Name of Child/Young Person: | Address: |
| Alternative surname: | Town: |
| Preferred first name: | County: |
| Date of Birth: | Post Code: |
| Age: | Telephone Number: |
| Gender: | Religion: |
| Ethnic Origin: | First Language(Please specify) |
| Does child live out of Borough? Yes  No  If yes, are they over 20 miles away? Yes  No | Legal status: Child In Need  Child Protection  Child In Care  Other  please specify: |
| Does the child/young person have any additional communication needs or any disability?  Yes  No If yes,please specify: | |
| Current placement type/living arrangements: | |
| Are there any health & safety, risk or safeguarding issues our service should be aware of to keep the young person and worker safe? (e.g. drugs, alcohol, DV, animals in home) Yes  No Please specify  **If risk is significant the referrer is responsible for sharing a risk assessment with our service** | |
| Does the young person agree to be contacted & seen by an advocate/IV?  Yes No  **Please note we can only take referrals with the young person agrees.** | |
| Has the parent / carer or the person with majority PR, agreed for the child / young person to be contacted & seen by an advocate/IV? (They may be seen in school.) Yes No | |
| Parent/carer’s Name: | |

|  |
| --- |
| **Reason for Referral and Case Summary** *If you have any specific questions you want us to ask the young person please include in this section.* ***Please do not include any information that the young person is not aware of as we share this with them:*** |

|  |
| --- |
| Do you have any additional information that we need to be aware of? Yes  No  (If Yes, we will contact you when processing the referral.) |

|  |  |  |
| --- | --- | --- |
| Are there any planned meetings/reviews you would like us to be involved in? Yes  No | | |
| Type of Meeting: | | |
| Meeting Date: | Time: | Venue: |
| Chair of Meeting: | | |

|  |  |  |
| --- | --- | --- |
| **Other Key Agencies Involved *(including Social Worker, school etc)*** | | |
| Contact Name: | Agency: | Contact Number: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s Details** | | | |
| Contact Name | Email Address | | Contact Number |
|  |  | |  |
| Agency/Team (specific): | | | |
| Referrer’s line manager and contact details | |  | |

**Please email this referral to:**

|  |  |
| --- | --- |
| **BOURNEMOUTH REFERRALS** | **POOLE REFERRALS** |
| ART Brokerage  [ArtBrokerage@Bournemouth.gov.uk](mailto:ArtBrokerage@Bournemouth.gov.uk)  For advice about advocacy referrals please call the Brokerage Team on 01202 458012 | Children’s Contracts  [childrenscontracts@poole.gov.uk](mailto:childrenscontracts@poole.gov.uk) |