**Family Group Conference Service**

 **CHILD PROTECTION ADVOCACY REFERRAL FORM**

**Client Details:**

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| **Name** **D.O.B.:       Telephone No:****Address       Email :       LCS No:** |
| **Parental/Carer Contact Information:**       |

**Method of Communicating:**

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**Risk Indicators:**

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**Background Information:**

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|                 |

**Permission**



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| Permission Sought |  |
| Permission Granted |  |
| Method of Granting |  |

**Please provide meeting dates and times due to take place i.e. ICPC, CPP, Core Group Meetings etc., which the Advocate will need to attend with the Child/Young Person**

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**Signed: Social Worker: - ………………………………………. Team: …………………**

**Team Manager: - ……………………………………… Date: …………………**