



Bristol | Advocacy Referral Form

If you would like to make a referral for a child, young person or yourself please complete this form.

If you are referring more than one CYP please undertake one of the following

- Complete an online referral form per child
- Contact us on 0800 0209 858 and request a hard copy the referral form
- Email advocacy.bristol@reconstruct.co.uk and we will send a hard copy of the referral form
- Download a word copy of the referral form from your portal

If you are referring siblings, please can you email advocacy.bristol@reconstruct.co.uk with the surnames and DOB of the siblings so the coordinator can link these referrals.

Not all questions may be applicable. If the questions is not applicable put N/A

If you have any issues or questions regards to completing the referral form please contact us on 0800 0209 858

* Required

1. Date referral is being made *



2. Your Local Authority *



3. Reason for referral *

 

4. Is this referral for: *

 

5. Has this Child or Young Person (CYP) been referred to our services previously?
*

6. Name of CYP (one referral form per CYP) *

7. Date of Birth of CYP *

 

8. Gender of CYP *

 

9. Ethnicity of CYP *

10. Religion of CYP *

11. Preferred Language of CYP *

12. Does the CYP have access needs for example, communication or physical needs? *

- They need an interpreter
- They use Makaton
- They use British Sign Language (BSL)
- They use assertive communication e.g. Talking Mats, Symbols, PECS)
- They have physical access needs
- They do not use the telephone
- N/A

13. If you answered yes on question 12, please give any further details

14. Does the CYP you are referring have any conditions or disabilities *

- No Disability
- Physical Disability
- Learning Disability
- Mental Health Condition
- Sensory Impairment
- Sensory & Learning Impairment
- Longstanding Condition
- Prefer not to say
- Not known
- Other

15. Further details to support question 14

16. Does the CYP have a statement of Education *

- Yes
- No
- n/a
- unknown

17. Mosaic Number (BFFC only)

18. Is the CYP an Asylum Seeker? *

- Yes
- No
- n/a
- unknown

19. Date of Meeting

 

20. Time of meeting e.g. 10:00am

21. Venue of meeting

Enter your answer

22. Social Worker's / PA name (If you do not have an allocated Social worker/PA, please put N/A in the box) *

Enter your answer

23. Social Workers / PA email address (If you do not have an allocated Social worker/PA, please put N/A in the box) *

Enter your answer

24. Social Worker / PA Office direct number (If you do not have an allocated Social worker/PA, please put N/A in the box) *

Enter your answer

25. Social Worker/PA Mobile number (If you do not have an allocated Social worker/PA, please put N/A in the box) *

Enter your answer

26. IRO / CP Chair name (If not applicable please put N/A) *

Enter your answer

27. IRO / CP Chair email address

28. IRO / CP Chair telephone number

29. Main Parent / Carer name who CYP resides with
*

30. Locality: Address of CYP

31. Is this CYP living out of county? *

Yes

No

32. If yes, please state where

33. Main Parent/Carer/Contact number/s (Home & Mobile) *

34. Have the parents / carers been notified of the Advocacy service?

Yes

No

not sure

35. Young Persons telephone number (Only provide if applicable for direct contact)

36. Preferred place, name and address for the advocate to meet the young person?
If Education please go to question 37 and put N/A in here.

37. Education Setting of CYP

School

College

Residential School

Home Schooling

Other

38. Named contact at education setting (If applicable)

39. Name and address of Education setting

40. Telephone number of contact person at education setting

41. Email of contact person at education setting

42. Is the CYP: *

 

43. Legal Status for CYP (If applicable)

 

44. Is Advocacy required for CYP: *

 

45. Summary of reason for referral for CYP (please only add detail not captured in referral form) *

46. Has the referral been discussed with the CYP *

Yes

No

47. If answered yes, what are the CYP's views about you making the referral? If you answered no, what is the reasoning it has not been discussed with the CYP *

Enter your answer

48. Desired Outcome for the CYP (if known)

Enter your answer

49. Any further information about the CYP's needs relevant to the allocation of an advocate, including gender, age, ethnicity

Enter your answer

50. Any personal risk to the Advocate?

- Yes
- No
- Unknown

51. If answered yes to the above - please give details, and what are the best strategies to manage this?

Enter your answer

52. Are there any strategies that the Advocate will find useful whilst working with the CYP, e.g. likes/dislikes *

53. Full name of person completing the form: *

54. Job title (if applicable) Also include team name and area *

55. Referral Source (If you state other please state where e.g. refugee organisation, youth organisation, solicitor) *

 

56. Referrer contact details (telephone number) *

57. Referrer contact details (email) *

58. Relationship to the CYP *

Enter your answer

You can print a copy of your answer after you submit

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