Please complete all relevant sections and return via [Advocacy@portsmouthcc.gov.uk](mailto:Advocacy@portsmouthcc.gov.uk)

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| --- | --- | --- | --- | --- | --- |
| **Referral information** | | | | | |
| **Referral date** |  | | | | |
| **Referral type** | **Advocacy** | |  | **Issue Based Advocacy** |  |
| **Relating to:**  Please add date of next conference if relevant. | (**ICPC**) Initial Child Protection Conference | |  | (**RCPC**) Review of Child Protection conference |  |
| (**LAC**) Looked after Children |  | Care Leavers |  | Other |  |

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| --- | --- |
| **Child/Young Person information** | |
| Name  (Please include preferred name if relevant) |  |
| MOSAIC number |  |
| Date of birth |  |
| Contact address and postcode |  |
| Mobile number for young person (if relevant) |  |
| Email address of young person (if relevant) |  |

|  |  |
| --- | --- |
| **Parent/Carer information** | |
| Name  Mr/Mrs/Miss/Ms/Other |  |
| Relationship to child/young person |  |
| Contact address and postcode (if different to above) |  |
| Mobile number |  |
| Email address |  |
| Most successful way of contacting Parent/Carer |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General information** | | | | | | | |
| Are there any language or communication barriers? |  | | | | | | |
| Parental consent obtained? | Yes | | | No | | | |
| Child's consent obtained? | Yes | | | No | | | |
| How does the Young Person wish to be communicated with? | Face to face | Phone: | | Video call | Email or Text | | Other |
| Is Mind of My Own in place? | Yes | | No | | | Aware | |
| Are there any risk factors to be aware of? |  | | | | | | |
| Education Provision |  | | | | | | |

|  |  |
| --- | --- |
| **Referrer information** | |
| Name |  |
| Role, profession, Organisation/team |  |
| Mobile Number |  |
| Email Address |  |

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| **Referral summary** |
| If the referral is issue based, please describe the primary issue we can assist with.  If the referral relates to an upcoming conference or meeting, please provide a brief background summary, and refer in good time please (7-10 days prior to meeting if possible). |
| **Referral summary:** |

|  |
| --- |
| **Child Protection (CP) / Independent Reviewing Officers Views (IRO) if applicable** |
|  |

Thank you for your referral for the About ME Advocacy service

Karley Middleton

Service Leader Stronger Futures Academy

Participation & Advocacy Service