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|  | **NEPO 11 REFERRAL FORM** |  |

**SECTION A – To be completed following initial discussion with Service User**

**Does the Child/Young Person consent to the LA knowing they have an advocate?**

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| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

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| **Only to be completed with the consent of the Child / Young Person** | |
| **Child/ Young Person’s name** |  |
| **Child/ Young Person’s Date of Birth** |  |

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| --- | --- |
| **Purchasing Authority** | **Newcastle Upon Tyne** |
| **NYAS Service ID** |  |
| **NYAS Service User ID** |  |
| **Date Referral Received** |  |
| **Referrer (name)** |  |
| **Referrer (role)** |  |
| **Referrer (contact details: phone number/email address)** |  |
| **Resident Authority** |  |
| **Allocated Advocate** |  |
| **Date Child / YP first contacted** |  |
| **Does the Child / YP wish to proceed with an advocate?** |  |
| **If not please add reasons why service declined** |  |
| **Reason for the Referral** |  |
| **Child/ YP’s desired outcomes** |  |

**How do they meet the eligibility criteria for the service? (Please tick all that apply)**

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| --- | --- |
| **In receipt of health services and wish to make a complaint** |  |
| **In receipt of social care services and wish to make a representation (including a complaint)** |  |
| **Special educational needs and disabilities** |  |
| **Looked after child/young person** |  |
| **Involved in / in contact with statutory Child Protection processes** |  |
| **Living with health conditions and living in long-term residential settings** |  |
| **May continue to need care and support in adulthood through adult social care services** |  |
| **Looked after and go missing** |  |
| **16 or 17 years old and are homeless or threatened with homelessness** |  |
| **In England and detained under the Mental Health Act or are being considered for Electro Convulsive Therapy** |  |
| **16- or 17-years old and lack mental capacity** |  |
| **In custody** |  |
| **In short break care** |  |
| **Care Leaver eligible under the Leaving Care Act 2000** |  |
| **Have made a complaint (regardless of whether they are looked after)** |  |
| **A Child in Need** |  |
| **Looked after and care and progress are being reviewed** |  |
| **Young Carer aged under 18 years of age and providing regular support to a family member who is disabled, physically unwell or has poor mental health or who has issued with substance misuse** |  |
| **At risk of, or are involved with, gangs or criminals and therefore are at risk of being exploited sexually, trafficked or become involved in activities which break the law; for example, theft or selling drugs.** |  |

**SECTION B – To be completed at point of case closure**

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| **Date of Case Closure** |  |
| **What Support Was Provided?** |  |
| **What was the Outcome of the Support Provided?** |  |
| **Was the Young Person Satisfied with the Outcome?** |  |
| **Is there any additional support that may be required?** |  |