**Children’s Advocacy self-referral form**

You must live in Stoke-on-Trent or have a social worker from Stoke-on-Trent.

**ABOUT YOU:**

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| --- | --- | --- | --- | --- |
| **Full Name** |  | | | |
| **Date of Birth** |  | | | |
| **The address where you are staying.** |  | | | |
| **Postcode** |  | | | |
| Home | |  | Temporary home |  |
| Foster placement (Group) | |  | Foster Placement (Single) |  |
| Homeless | |  | Other: |  |
| **Phone number(s)** |  | | | |
| **Email address** |  | | | |
| **Parent or Guardian information:**  (what is their name, phone number and address, if different from yours) |  | | | |
| **Do you go to school or college?** | YES  NO  If yes, please provide contact information; | | | |
| **How do you communicate?** | English  Other spoken language, **please specify:**  British Sign Language  Words/pictures/Makaton  Gestures/expressions/vocalisations  Not listed, **please specify:** | | | |

**ARE THERE ANY PROFESSIONALS INVOLVED IN YOUR LIFE?**

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Team** |  |
| **Phone number** |  |
| Other: | |
| **What do you need the advocate to help with?** | |
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| **Are there any meeting dates or appointment you need support with?** |
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| **Is there anything else you think we need to know to support you?** |
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| **Diversity monitoring** | |
| By completing the information below you can help us ensure our services reach everyone who needs them and inform how we might improve our service provision. | |
| **What is your gender** | Female  Male  Female, Male at birth  Male, Female at birth  Non-binary  Prefer not to say  Not listed, **please specify**: |
| **Pronouns** | She/her  He/him  They/them |
| **What is your sexual orientation** | Heterosexual  Bisexual  Lesbian or gay  Prefer not to say  Not listed, **please specify:** |
| **What is your ethnic origin** | Arab / British Arab  Asian / British Asian  Black / Black British  Gypsy / Roma / Traveller  Mixed heritage  White British – English, Welsh, Scottish, N. Irish  White Irish  White other  Prefer not to say  Not listed, **please specify:** |
| **What is your religion or belief** | Atheist (no religion)  Christian (all denominations)  Buddhist  Sikh  Hindu  Jewish  Humanist  Pagan  Muslim  Not listed, **please specify:**  Person’s own description: |
| **Do you have a disability or long-term health condition?** | |
| Yes  No Please specify: | |

|  |  |  |
| --- | --- | --- |
| **Consent** | | |
| Due to GDPR (2018), we need authorisation to say that people agree to Asist holding their personal information included on this form. | | |
| **I agree to Asist holding my personal information.** | Yes | No |

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| **Disclaimer** |
| **Please** note where possible, provide us with 2 weeks’ notice for any meetings to allow the advocate adequate time to support the person being referred. We may not be able to attend all meetings requested. |
| **Please** make sure information on this form is correct before submitting. |

**Please email completed form to: referrals@asist.co.uk**