**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 [ ]  NOIf yes, please provide contact information; |
| **How do you communicate?** | [ ]  English Other spoken language, **please specify:**[ ]  British Sign Language[ ]  Words/pictures/Makaton[ ]  Gestures/expressions/vocalisationsNot 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: |

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| **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**