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| **Appropriate Adult Referral Form.**  For age assessments of unaccompanied asylum-seeking children and young people.  Referrals can be made by stoke city council. |  |

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| 1. **Eligibility.** | | | | | | | |
| **Have you got significant reason to doubt that the claimant is a child?** | | | | | | Yes | No |
| **To be eligible for an Appropriate Adult the following must apply:**   1. *The child or young person must be unaccompanied.* 2. *The child or young person must be seeking asylum.* 3. *The child or young person must be judged to be under 18 years of age.* | | | | | | | |
| 1. **About the child or Young Person requiring support.** | | | | | | | |
| **Mr/ Miss:** | **Name:** | | | **Date of birth:** | | | |
| **Tel:** | **Email:** | | | **Mobile:** | | | |
| **Current Address:**        **Postcode:** | | | | | | | |
| **Current Address is:** Secure Accommodation  Detention Centre  Other | | | | | | | |
| ICS or other Reference Number: | | | | | | | |
| 1. **How does this child or Young Person communicate?** | | | | | | | |
| Preferred Language: | | | Dialect: | | | | |
| Spoken Language | |  | Gestures/Facial Expressions/Vocalisations | | | |  |
| British Sign Language | |  | Words/Pictures/Makaton | | | |  |
| Other, please give details: | | | | | | | |
| **Known risks (to themselves or others):** Please include if the person is currently Covid positive, any historical risks, any current contagious illnesses, etc | | | | | | | |
| 1. **What are the child or young person’s additional support needs?** | | | | | | | |
| Mental health Problems | |  | Physical Health | | | |  |
| Cognitive Impairment | |  | Autism Spectrum Condition | | | |  |
| Learning Disability | |  | Serious Physical illness | | | |  |
| Other/ more information: | | | | | | | |
| **Does the child or young person have a substantial difficulty?** | | | Yes  No  If yes, please specify: | | | | |
| **Does the child or young person have a physical or mental impairment?** | | | Yes  No  If yes, please specify: | | | | |
| **Does the child or young person lack capacity?** If yes, please specify what decision/ area | | | Yes  No | | | | |
| 1. **Interview Information.** | | | | | | | |
| **Has the child or young person already had an interview?** | | | | | Yes  No | | |
| **Please give details of any forthcoming dates for secure accommodation reviews.**  Please include if in person or via zoom, any communication aids required, zoom links, requirements for meetings, other attending professionals, etc. | | | | | | | |
| **Please provide any further information here that you believe is relevant to this referral.** | | | | | | | |

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| 1. **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 the person’s gender?** | | | | **Is the person’s gender different from that assigned at birth?** | | |
| Male | | |  | Yes | |  |
| Female | | |  | No | |  |
| Non-binary | | |  | Don’t know/prefer not to say | |  |
| Don’t know/prefer not to say | | |  |  | |  |
| Person’s own description: | | | |  | |  |
| **What is the person’s sexual orientation?** | | | | | | |
| Heterosexual/straight | | |  | Gay woman/lesbian |  | |
| Bisexual | | |  | Don’t know/prefer not to say |  | |
| Gay man | | |  | Person’s own description: | | |
| **What is the person’s ethnic group?** | | | | | | |
| *Asian or Asian British* | | | | | | |
| Bangladeshi | | |  | Pakistani |  | |
| Chinese | | |  | Another Asian background |  | |
| Indian | | |  | Don’t know/prefer not to say |  | |
| *Black, African, Black British or Caribbean* | | | | | | |
| African | | |  | Another black background |  | |
| Caribbean | | |  | Don’t know/prefer not to say |  | |
| *Mixed or multiple ethnic groups* | | | | | | |
| Asian and White | | |  | Another Mixed background |  | |
| Black African and White | | |  | Don’t know/prefer not to say |  | |
| Black Caribbean and White | | |  |  |  | |
| *White* | | | | | | |
| English/Welsh/Scottish/Northern Irish/British | | |  | Another White background |  | |
| Irish | | |  | Don’t know/prefer not to say |  | |
| Irish Traveller or Gypsy | | |  |  |  | |
| *Another ethnic group* | | | | | | |
| Arab | | |  | Don’t know/prefer not to say |  | |
| Another ethnic background | | |  | Person’s own description: | | |
| **What is the person’s religion?** | | | | | | |
| No religion | | |  | Hindu |  | |
| Christian (all denominations) | | |  | Muslim |  | |
| Buddhist | | |  | Other (please state) |  | |
| Jewish | | |  | Don’t know/prefer not to say |  | |
| Sikh | | |  | Person’s own description: | | |
| **Does the person identify as having a disability or long-term health condition?** | | | | | | |
| Yes | No | Please specify: | | | | |

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| 1. **Professional Referrer Information.** | | |
| **1st Social Worker’s Contact Information** | | |
| Name of referrer: | Job Title: | |
| Team: | Organisation: | |
| Email: | Tel: | |
| Date of referral: | How did you hear about us: | |
| **2nd Social Worker’s Contact Information** | | |
| Name of referrer: | Job Title: | |
| Team: | Organisation: | |
| Email: | Tel: | |
| **Local Authority Managers Information** | | |
| Name: | Job Title: | |
| Team: | Organisation: | |
| Email: | Tel: | |
| Signature: | Date: | |
| 1. **Consent.** | | |
| **Has this referral been discussed with the child or young person?** | | Yes  No |
| **Have they agreed to this referral being made?** | | Yes  No |
| **Does they have capacity to consent to this referral?** | | Yes  No |
| **Disclaimer** | | |
| **Please note that we may not be able to attend all meetings listed on the referral form. Where possible, provide us with 2 weeks-notice for any meetings to allow the advocate adequate time to support the advocacy partner.** | | |
| **The referrer is responsible for providing ASIST with accurate, up to date information and contact details, and updating ASIST with any new information or, amendments to information provided on the referral form after it has been submitted. PLEASE make sure information is correct before submitting this form.** | | |
| **To discuss a referral please contact Asist on 01782 845584**  **Fill in this form and send to Asist by emailing** [**referrals@asist.co.uk**](mailto:referrals@asist.co.uk)  **Head Office: Asist, Winton House, Stoke Road, Stoke-on-Trent, ST4 2RW.** | | |

Service available Monday to Friday 9am to 5pm (excluding bank holidays)

