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| **Children’s Advocacy Self-Referral Form** |  |

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| 1. **Eligibility.** | | | |
| **You must:**   1. *Live in Stoke-on-Trent or have a social worker that comes from Stoke-on-Trent.* | | | |
| 1. **About you .** | | | |
| **Name:** | | | **Date of birth:** |
| **Tel:** | **Email:** | | **Mobile:** |
| **The address where you are staying:**  **Postcode:** | | | |
| Home  Temporary  Foster placement  Homeless:  Other: | | | |
| **Do you go to school or college?**  If yes, what times/ days do you attend? | | Yes  No | |
| **Parent or Guardian Contact Information:**  What is their name, phone number and address | |  | |
| 1. **How do you communicate?** | | | |
| What Languages do you speak: | | Main Language: | |
| Spoken  Nonverbal  British Sign Language  Gestures/ Facial Expressions | | | |
| Do you need information to be written, or provided in another way? | | | |
| 1. **What do you need support with?** | | | |
| **What do you need an advocate to help with?**  Why did you make the referral? What issue do you need help/ support with? Is there anyone we can contact to get more information? | | | |
| **Are there any meeting dates or appointments you need support at?**  Where will this happen, what time/ day? Who else will be there? | | | |
| **Is there anything else you think we need to know to support you?** | | | |

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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 your gender?** | | | | **Is your 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 your sexual orientation?** | | | | | |
| Heterosexual/straight | | |  | Gay woman/lesbian |  |
| Bisexual | | |  | Don’t know/prefer not to say |  |
| Gay man | | |  | Person’s own description: | |
| **What is your 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 your 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. **Self-Referrer Information.** | | | |
| **Date of referral:** | **How did you hear about us:** | | |
| 1. **Is Child Social Care involved?** | | | |
| **Name of CSC:** | **Job Title:** | | |
| **Team:** | **Organisation:** | | |
| **Email:** | **Tel:** | | |
| **Other Professional Involved:** | | | |
| 1. **Consent.** | | | |
| **The information I provided on this referral is correct** | | **Yes  No** | |
| **I agree to this referral being made** | | **Yes  No** | |
| **I consent to be contacted** | | **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.** | | | |
| **We need correct, up to date information and contact details so we can help. Please let us know about any changes to information that you have given us. PLEASE check this form to make sure information is correct before sending. You can contact us at any time with new information or updates.** | | | |
| **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)

