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*Advocacy Service for Young People 11-25*

**Tel/Ffôn: 0800 0322 630 / 01978 295600**

***For office use only***

***Date referral received: Synergy Number: Case number:***

***Appropriate Referral? Yes*  *No***

***Re-referral? Yes*  *No***

DD/MM/YY

**Allocated Advocate:**

***PLEASE NOTE REFERRAL FORMS WITHOUT A COMPLETED RISK ASSESSMENT WILL NOT BE ACCEPTED***

***PERSONAL DETAILS***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Miss  Ms  Mrs  Mr** | | | | **Full Name** |  | | |
| **Address** |  | | | | | | | |
| **Postcode** |  | | | | **DOB / Age** |  | | |
| **Gender** |  | | | | **Pronouns** |  | | |
| **Mobile Number** |  | | | | **Email** |  | | |
| **Parent / Guardian Name** | | | **Telephone Number** | | | | | **Email** |
|  | | |  | | | | |  |
| **Does the young person have a social worker YES  NO**  If **YES**, contact TGP 0800 111 6880 / [admin@tgpcymru.org.uk](mailto:admin@tgpcymru.org.uk) | | | | | | | | |
|  | | | | | | | | |
| **Social Workers Name** | | | **Telephone Number** | | | | | **Email** |
|  | | |  | | | | |  |
| **Name of Referrer** | |  | |  | | |  | |
| **Relationship to referrer** | |  | | **Contact number of referrer** | | |  | |
| **Young persons first language** | |  | | **STATUS**  **Is the young person in** | | | **Education  Employment  Training  NEET  Parent** | |
| **Ethnicity** | |  | | **If in Education, which school?** | | |  | |

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| **Any disability?** | **YES  NO** | **If YES give details:** |  |
| **Has the young person agreed to the referral?** | **YES  NO**  **If not, why? We cannot accept referral** | **Is the parent/guardian aware of the referral?** | **YES  NO  N/A**  **If not why?** |

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| ***ADVERSE CHILDHOOD EXPERIENCES*** *Are there any of the following identified?* |
| **Physical abuse  Domestic Violence  Sexual abuse  Verbal abuse**  **A family member who is depressed or diagnosed with a mental illness**  **A family member who is addicted to alcohol or drugs  A family member who is in prison**  **Losing a parent to separation divorce or death  disabled parent  Parents with learning difficulty**  **Refugee Asylum Seeker  Witnessing either parent being abused or mistreated / DV** |

**Current / Previous Support Received (Are any other agencies involved with any members of the household?)**

*(If known) please detail any previous/other current housing-related support received.*

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| **Agency** | **Contact Name and number** | **Details of support provided (if known)** |
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| **REASON FOR REFERRAL: please fill in as much information as to why the Young Person requires an advocate.** |
| **To get something stopped, started or changed  School Issue  Social Services  Voice at a TAC Meeting**  **OTHER  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please add any relevant information to assist with the allocation of an advocate:** |
| **Risk Assessment**  If it has been highlighted that there is a risk of harm to self, or risk to others or risk from others then please complete this form. **Please complete a separate form for each risk.**   |  |  |  | | --- | --- | --- | | **Type of risk present (not exhaustive):** | **Yes** | **No** | | ***Risk to self:*** suicidal thoughts, self-harm, suicide attempts, substance misuse, impulsivity, self-neglect, risky behaviour |  |  | | ***Risk to others:*** aggressive / violent / sexually inappropriate / impulsive behaviour, history of false allegations, infection, issues re transporting, |  |  | | ***Risk from others:*** domestic abuse, honour based violence, sexual/ criminal exploitation, parental lack of concern/ supervision, |  |  |  |  | | --- | | **Summary of Risk:** Please describe exactly what the risk is, who this risk is to and from, why this is a risk and triggers for related behaviour, where it is mostly likely to occur and at what times | |  | | **Controls already in place to try and reduce/manage the identified risks** | |  | | **Additional Actions/Controls needed to reduce/manage the risk *following* assessment:** | |  | | **If identified Risk/s become unmanageable state what action will need to be taken?** | |  | | **What key pieces of information need to be shared and with whom, following assessment?** | |  |  |  |  |  |  | | --- | --- | --- | --- | | **Referrers signature** |  | **Date** |  |   **For information as to how Wrexham County Borough Council handles personal data, please see our Privacy Notices on our website:** [**www.wrexham.gov.uk**](http://www.wrexham.gov.uk)  **Please send completed referral forms marked ‘PRIVATE AND CONFIDENTIAL’ to:**  **Second Voice, Lambpit Street, Wrexham LL11 1AR**  **Tel: 01978 295600 Free phone: 0800 0322 630 Email:** [**secondvoice@wrexham.gov.uk**](mailto:secondvoice@wrexham.gov.uk) |