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| C:\Users\Carly Glover\AppData\Local\Microsoft\Windows\INetCache\Content.Word\JerseyCares-Wide-Strap.png **Jersey Cares Advocacy Request Form**  |
| ***PERSONAL DETAILS*** |
| ***First name***  |  | ***Surname*** |  |
| ***Gender***  | *female* | *Male* | *other:*  |
| ***Date of Birth*** | ***dd/mm/yy*** |
| ***Address*** |  |
| ***Telephone*** |  |
| ***Carer’s details*** ***Is the Carer aware of this request?*** |  |
| ***Is the child or young person, or are you:***  |
| *Looked after by friends or family* | *In Foster Care* | *In Residential Care* | *A Care Leaver (complete consent)* | *Other (please specify)* |
|  ***DETAILS OF PERSON MAKING THE ADVOCACY REQUEST*** |
| ***Name (if you are making the request for yourself, please add your name)*** |  |
| ***Your relationship to young person*** |  |
| ***Your contact details: address, email and telephone please*** |  | *If relevant, what team are you from?* |
| ***Today’s date*** |  |
| ***Please confirm that the child or young person has agreed to meet with us to hear more about the advocacy and participation offer and for this information to be shared with us***  |  |
| ***Please detail any safeguarding or health information we need to be aware of:*** |  | **Dates of any meetings for child/young Person due in the next month?** |
| ***Please detail any communication needs we should be aware of and the language the young person is most comfortable communicating in?*** |  |
| ***Please detail any other key information you think we should be aware of.*** |  |
| ***How did you find out about the advocacy offer?*** |  |
| **PEOPLE AGED 18 OR OVER ONLY** |
| ***We need the consent people aged 18 or over if they wish to be referred to Jersey Cares by someone else*** | [ ]  Yes, I would like you to refer me to Jersey Cares and provide them with the information completed above |