

Jersey Cares Advocacy Request: if you are requesting advocacy for someone else

YOUNG PERSONS DETAILS:

First name		Surname	
Gender (Insert as you wish)			
Date of Birth (dd/mm/yy)			
Address			
Telephone			
Parent/carer's details (if applicable)			
Is the parent/carer aware of this request?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am the parent/carer	

IS THE YOUNG PERSON

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Looked after by friends or family</i>	<i>In Foster Care</i>	<i>In Residential Care</i>	<i>A Care Leaver (complete consent)</i>	<i>Other (please specify):</i>

DETAILS OF PERSON MAKING THE ADVOCACY REQUEST

Your Name	
Your relationship to young person	
Your contact details: address, email and telephone please	
Today's date	

If you work for the States of Jersey, please return this form via Egress. If you do not work for the States of Jersey, please password protect the document and ring the number below to share the password with us. Or if you would prefer, please call or email us so we can complete the advocacy request over the phone. Please return completed forms to info@jerseycares.je. You should hear from us within 5 working days. If you do not, please call 07700 722011. If the need is more urgent, please note on this form.



<p><i>Please note any relevant safeguarding or health information:</i></p>	
<p><i>Dates of any meetings for the child/young person in the next month?</i></p>	
<p><i>Please detail any communication needs:</i></p>	
<p><i>Which language is the young person most comfortable communicating in?</i></p>	
<p><i>Please detail any other key information you think we should be aware of:</i></p>	
<p><i>How did you find out about the Jersey Cares advocacy offer?</i></p>	



PEOPLE AGED 18 OR OVER ONLY

We need the consent of people aged 18 and over if they wish to be referred to Jersey Cares

I _____ (name of person who would like to meet Jersey Cares) have reviewed this form and have consented to the completed form being shared with Jersey Cares.

_____ Signed

_____ Dated

Jersey Cares takes the protection of your personal information very seriously. We are registered with the Jersey Office of the Information Commissioner, number – 67589 and comply with the Data Protection (Jersey) law 2018.

Please view our [Privacy Notice \(Under 18\)](#) or [Privacy Notice \(Over 18\)](#) or call us for our Privacy Notice document and we will send it to you.

If you work for the States of Jersey, please return this form via Egress. If you do not work for the States of Jersey, please password protect the document and ring the number below to share the password with us. Or if you would prefer, please call or email us so we can complete the advocacy request over the phone. Please return completed forms to info@jerseycares.je. You should hear from us within 5 working days. If you do not, please call 07700 722011. If the need is more urgent, please note on this form.