

# Parent's Project - referral form

Please complete ALL parts of the form below giving as much detail as possible so we can make contact quickly. You can email your referral securely to [advocacy@elfrida.com](mailto:advocacy@elfrida.com) and one of the team will respond to you within 48 hours.

Referrer details	
Name	
Contact telephone number	
Contact email	
Relationship to client	
Name of Council	
Department	
Line manager approving referral	
Purchase order number	
Have you read and signed the spot purchase agreement?	
Have you read the initial information sheet outlining the boundaries and expectations for this work?	
Will you remain the main contact for this client?	

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Client details	
Name	
Date of birth	
Ethnicity	
Contact telephone number	
Email address	
Home address	
Does anyone else live at this address?	
Is child/ren currently under their care?	
If no, who is currently the main carer?	
Does the client have an allocated solicitor?	
Has the client consented to this referral? If no, why not?	
Does the client have a learning disability, learning difficulty or autism? Please specify	

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Client's communication needs	
Does the client have English as second language?	
Can the client read and write independently?	
Does the client require easy read information or other visual adaptations?	
Does the client require prompts and reminders?	
What is the client's preferred method of communication?	
Does the client have a sensory impairment? If yes, please specify	
Does the client have a physical disability? If yes, please specify	
Does the client have any known triggers to be aware of? If yes, please specify	
Are there any risk assessments in place when working with this client? If yes, please specify	

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<b>What is the advocacy issue?</b>	
<b>What stage of care proceedings is the case at?</b>	
<b>Are there any important meetings coming up? If so, please give details.</b>	
<b>What support is currently in place for the parent to develop their parenting skills?</b>	
<b>Has the parents had parenting support in the past? If no, why not?</b>	
<b>Is the parent open to Adult Social Care or other support services for their own needs?</b>	
<b>Are there any concerns for the parents' emotional wellbeing?</b>	
<b>Is there a history of domestic abuse or sexual violence?</b>	
<b>Is there any other important information the advocate needs to know?</b>	

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Who else is involved in the person's life?	
Name	
Relationship to client	
Contact details	
Should we contact them?	
Is this person know to Social Services?	
Are there any known risks when working with this person?	

## Permission to use your data

The Elfrida Society complies with current General Data Protection Regulations or GDPR. This enables us to use personal data to provide people with services requested from us, or to meet a legal obligation placed on us.

Easy read information is available on request.

Please contact us if you would like a copy of our Data Security and Data Retention Policy and Procedure.

## Please confirm you have discussed data permission with the individual you are referring

I have discussed permission for the Elfrida Advocacy Service to use personal data to record, progress and evaluate the referral

Signature: \_\_\_\_\_