

INDEPENDENT ADVOCACY REQUEST

(Children looked after, care leavers, children in need)

An advocate is someone who will listen to your views and help you have your say. They can help you talk about your worries with the staff that care for you, with your social worker, school or others.

Name: _____

Date of birth: _____ Age: _____

I live at: _____

This is a: Foster home Residential home Other _____

I can be contacted on: _____

I am: Male Female Other

My ethnicity: _____ My religion: _____

I have a disability: Yes No

If yes, this is categorised as:

Physical disability Sensory impairment Learning disability

Emotional/behavioral difficulties Multiple disabilities

Other: _____

I am: On a full care order (Sec 31) Accommodated (Sec 20) Care leaver

Child in need Other: _____ Date from: _____

Other useful contacts for me (please complete where appropriate):

Independent Reviewing Officer (IRO): _____

Phone: _____ **Email:** _____

Social worker: _____

Phone: _____ **Email:** _____

Carer: _____

Phone: _____ **Email:** _____

Personal Advisor (PA): _____

Phone: _____ **Email:** _____

Key worker: _____

Phone: _____ **Email:** _____

Why do you want an advocate? What issue would you like help with?

Do you need help to prepare for and take part in your review meetings?

When is your next meeting?

Tell us anything else you think we should know about you:

Signed: _____ Name: _____

Job role: (if completed by a professional) _____

Telephone no: _____ Date completed: _____

I am submitting this form by: email post in person

The Children's Society in Lancashire

Unit 12, Eastway Business Village,
Olivers Place,
Fulwood, Preston
PR2 9WT

t: 01772 759 233
e: CRL@childsoc.org.uk
Freephone: 0800 085 6324

I had help with this form from:

Social worker

Foster carer

Unite staff

Other: _____