

## INDEPENDENT ADVOCACY REQUEST

(Transitions - CAMHS, SEND; Young carers)

An advocate is someone who will listen to your views and help you have your say.

Where certain conditions are met, independent advocacy is now available for children and young people who are approaching the transition to adult care and support, and when a young carer's assessment is undertaken.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

I live at: \_\_\_\_\_

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: \_\_\_\_\_

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

Parent/carer: \_\_\_\_\_

Phone: \_\_\_\_\_

Social worker: \_\_\_\_\_

Phone: \_\_\_\_\_

Key worker: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

For professionals to complete (to confirm eligibility for Care Act 2014)	
<b>What is the key area of support for successful engagement:</b>	
<input type="checkbox"/> Understanding relevant information	Detail:
<input type="checkbox"/> Retaining information	Detail:
<input type="checkbox"/> Using or weighing the information as part of engaging	Detail:
<input type="checkbox"/> Communicating views, wishes, feelings	Detail:
<input type="checkbox"/> Confirm no other appropriate individual is available	
Detail:	
Anticipated timescale of assessment	
Please state the request category:	<input type="checkbox"/> SEND Transition <input type="checkbox"/> CAMHS Transition <input type="checkbox"/> Young Carer's Assessment