**Parent Advocacy Referral Form**

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| Date:  | Ref No: |
| **Details of the Person Being Referred for Advocacy Support:** |
| First Name:  | Surname:  | Date of Birth:  |
| Ethnicity:  | Language (if not English): |
| Gender:  | Sexuality: |
| Address:  |
| Post Code: | Phone Number:  | Email:  |
| Significant Medical Conditions (including mental health):  | Disabilities: |
| Physical Disability | Yes / No |
| Sensory Impairment | Yes / No |
| Learning Disability | Yes / No |
| Dementia/Cognitive/Memory |  Yes / No |
| Other: |
| **Stage of intervention (CIN, CP Plan, PLO, Proceedings)**:  |
| **Is an ICO in place: Yes / No** |
| **Additional Information (Please include any risks we should be aware of such as lone working restrictions):****Has the client had a CFA (Cognitive Functioning Assesment)? Please attach a copy to the referral where possible.** |
| **Please let us have details of any dates of upcoming meetings so we can ensure an Advocate is available.** |
| **Involvement of Other Agencies** |
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| **Details of Person Making this Referral**  |
| Name:  | Position:  |
| Agency/Team: |
| Contact No: | E-Mail: |
| Manger/Ops Lead: | E-Mail |
| **Funding Arrangements** |
| Our Hourly Rate is £33.00 (plus VAT). Travel time to meetings will be charged at the same rate and billed in real time. We bill in 0.25 hour increments.* Mileage is payable at a rate of 45p per mile for meetings attended outside of CV1-CV6.
* VAT will be charged on invoices from 01 April 2023.
* Parking is charged at cost if needed.
* Late payment interest will be applied if we do not receive payment within 30 days.
* Cancelled meetings will be chargeable when less than 24 working hours’ notice is given.

**Please confirm below agreed funding for the following :-**[ ]  Home Visits[ ]  Social Care Meetings (Core Groups/Conferences/LAC Reviews etc)[ ]  Parenting Assessments[ ]  Solicitors Meetings[ ]  Court Hearings***We do not accept referrals for individual meetings as this is not in the best interests of the client.*** ***Please select the funding areas approved. If attendance is*** ***required at any meetings outside of above remit, we will contact you directly to confirm funding*** ***is agreed prior to attending.*** |
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| Please ensure client confidentiality and e-mail your completed form to helen@coventryadvocacy.org.uk |