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| **Leeds Children’s Rights Referral Form**  **If you would prefer to speak to someone or if you need help with answering any of the questions, please call us on 07808 736330 or email us** [**Leedschildrensrightsservice@barnardos.org.uk**](mailto:Leedschildrensrightsservice@barnardos.org.uk) |

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| **Referrer Details** | | | |
| **Name:** |  | **Tel No:** |  |
| **Email:** |  |
| **Is the young person aware of this referral?** | Yes  No | | |
| **Young person’s details** | | | |
| **Name:** |  | | |
| **Date of birth:** |  | **Gender** | **Male**  **Female**  **Non binary** |
| **Address:**  **Who they live with:** |  | | |
| **Ethnicity:** |  | **Religion:** |  |
| **Any disability/ communication needs** |  | | |
| **Additional contacts** |  |  |  |
| **School/College:** |  | **Tel No:** |  |
| **Social worker/IRO/PA**  **Name:** |  | **Tel No:**  **Email:** |  |
| **Any Risks:** |  | **Responsible**  **Local Authority:** |  |
| **Reason for referral: Please give as much detail as possible regarding why the young person needs support and ensure the child/young person is looked after by Leeds Local Authority** | | | |
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**Please email this referral form to** [**Leedschildrensrightsservice@barnardos.org.uk**](mailto:Leedschildrensrightsservice@barnardos.org.uk)

*We will email you within 48hrs if we are able to take the referral and the name of the advocate who will be in touch*