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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** |

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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**

*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*