**School Exclusions Advocacy Referral Form**

**For parents, carers and professionals**

**Please read before completing:** We are here to support children and young people, and they should be in charge of their own advocacy as much as possible. They have the right to choose what they want help with and to know that what they say stays private, unless someone is in danger. No one should refer a child or young person without talking to them first and making sure they are involved, because their voice is the most important.

We respect children and young people’s **right** **to be heard** and to have a say in decisions that affect their lives, which includes this referral.

**Please only share information that the child or young person can know about, unless it needs to be shared to keep them or their advocate safe.**

*All data supplied to us in this form will be processed in accordance with our (*[Privacy Notice - Coram Voice](https://coramvoice.org.uk/privacy-notice/)*)*

|  |  |  |
| --- | --- | --- |
| CHILD/YOUNG PERSON | | |
| First name of child/young person: | | **Surname of child/young person** |
| Has the child/young person consented to this referral?  (NB: We cannot progress referrals if a young person who is able to instruct an advocate has not consented to this referral  Yes  No  Other, please give details: | | |
| Please give details of young person’s disabilities/additional needs: | | |
| Does the child/young Person have any communication needs? Please provide details:  (E.g. uses symbols, Makaton, BSL, electronic communication aid, non- verbal communication etc.) | | |
| Does the young person have an Education Health and Care Plan (EHCP)  Yes  No  Not known | | |
| Child/Young Person Address: | | |
| Child/Young person phone numbers: | | |
| If necessary, Local Authority involved: | | |
| Date of birth: Click here to enter a date. | | |
| Age: | | |
| Gender: | | |
| Ethnicity: Click here to enter text. | | |
| Preferred language: | | |
| PARENT/LEGAL GUARDIAN | | |
| Name(s) of parent/ carer(s): | **Phone no(s):** | |
| **Email address (es):** Click here to enter text. | |
| Address: | | |

|  |
| --- |
| ADVOCACY ISSUES |
| Our advocates can support young people who are at risk of exclusions to make their wishes and feelings known to School or Local Authority SEND teams.  Please explain below why you are referring this young person to Coram Voice, including their specific advocacy issues. |
| Upcoming key dates / meetings: |

|  |
| --- |
| PROFESSIONALS INVOLVED |
| SCHOOL |
| School Name: |
| Address: |
| Telephone number: |
| Type of School: |
| SOCIAL WORKER (If applicable) |
| Name: |
| Position: |
| Social worker’s telephone numbers: |
| Social worker’s email address: |
| Name of Social worker’s team: |
| Address of Social Services Team: |
| SEND case officer (If applicable): |
| Professional’s telephone numbers: |
| Professionals’ email address: |
| Name of team: |
| Address of Team: |

|  |
| --- |
| REFERRER’S DETAILS |
| Name: |
| Relationship to child or young person: |
| Agency (if professional): |
| Phone numbers: |
| Email address: |
| Address: |
| Date of referral: |

**Please note, we are a transparent, young person led service and if the young person has capacity to understand the contents of this form, we will discuss all information on this form with them.**

**Please email this form to help@coramvoice.org.uk**