Plymouth Parent Advocacy Project

Plymouth Parenting Advocacy Project

Referral for Advocacy

Would this client benefit from:

Parent Peer Support Groups ☐ Independent Advocacy (Child Protection) ☐

Volunteer Advocate Support ☐ Accessible Information ☐ WiSER ☐ (separate referral required)

Parent details	
Name:	Date of birth
Address:	
	Female ☐ Male ☐
Telephone:	
Is the parent known to the Learning Disability Service Yes ☐ No ☐ Unknown ☐	
Reason for Referral	
Name of Solicitor (if any)	Case Number (Care Proceedings)

Does the client:	YES	NO	UNKNOWN
Display behaviours which challenge services?	☐	☐	☐
Have any mental health issues/personality disorders ?	☐	☐	☐
Is he/she a known offender ?	☐	☐	☐
Have a known record of accusations against other people?	☐	☐	☐
Have a history of abuse? (victim or perpetrator)	☐	☐	☐
Have any significant medical issues?	☐	☐	☐
Have a history or drug or alcohol addiction?	☐	☐	☐
Is a witness needed during visits?	☐	☐	☐
If yes to any above please give details below			

Is the parent aware of this referral?

Childrens Details –	
Full Name	Date of birth

Stage of process
Child in need ☐ Child Protection ☐ Care Proceedings ☐ Other ☐

Please give details

Name of Childrens Social Worker
Telephone Number

Name of Guardian (if applicable)
Telephone Number

Name of Adult Social Worker
Telephone Number

Where are the children currently living?

Details of planned meetings: Type of meeting	Date

Additional Information including any potential risks to the advocate

Referrers details	
Name	
Address	
Telephone number	Email address
Agency	
Date of referral	Date received
The information is correct and complete to the best of my knowledge and belief. I understand that Plymouth Highbury Trust and its employees cannot be held liable or responsible for any information knowingly withheld from them in respect of this client	
Name	Position

Please return to

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