



North Tyneside Council
Referral for Advocacy Services – North Tyneside

Child or young persons details		
Name		
Date of Birth		
Gender		
Ethnic Origin		
Child / young persons contact telephone number		
Child / young persons contact address		
Does the young person have a recognised disability?	YES	NO
Details of disability (if marker yes)		
Name of main carer / keyworker		
Contact address of main carer / keyworker (including email address)		

Please confirm that the child / young person has been given details about the advocacy service and that they have been given permission for this referral to be made	YES	NO
	Date permission given	

What is the child or young people's legal status / eligibility at time of the referral?	
Looked after (includes children in foster placements and residential units, living at home under a care order, and OOB placements) Please give info.	
Care leaver (Eligible, relevant, qualifying, former relevant) Please give info.	
Other (Please give info)	

Referrers contact details	
Name	
Role and Team	
Address	
Email address	
Telephone number	
Fax Number	

Reason for referral to independent advocacy services (please summarise below the issue / situation that has prompted this referral)

Expected outcomes for child/ young person from advocacy services (please specify below what benefit is aimed to be achieved by making a referral to this service)

Safeguarding (please provide any details that we need provider to ensure that this child / young person and staff are kept safe, if nothing is required please indicate 'NIL')

Additional details (please tell us any other information we may need to know)

Where did the child / young person find out about this service?

If you would like any further discussions concerning a referral to North Tyneside's Advocacy Service please contact:

Toni McMullan (Participation Officer and Advocate)
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Cobalt Business Park
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Tyne and Wear
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