

Derby Childrens Rights Service
Child Protection Conference Referral Form

(FOR SIBLING GROUPS PLEASE PUT ALL DETAILS ON TO ONE FORM)

<u>About the Child / Young Person</u>			
Name			
Age & Date of Birth			
Gender			
Ethnicity		Preferred Language	
Does the young person consider themselves disabled?		Details	
Home town			
Telephone number to speak with the child			
Who does this number belong to?			
Consent from parent	YES / NO		
<u>Social Worker</u>			
Name of Social Worker			
Social Worker's telephone number and email			
<u>Risk and Communication</u>			
Please provide information about any known risks to the young person or other information we should be aware of.			
Please provide information that may help with communication			

Believe in people

<u>Area of concern</u>
<p>An outline of the concerns raised:</p>

Signed: Date:

Please return completed form by secure/encrypted email to:

DCRS.Advocacy@cgl.org.uk

For CGL use:

ADVOCACY ACTION PLAN			
Referral eligible?			
Agency signposted to if relevant:		Date:	By:
Allocated to:		Date:	
Referral acknowledged:		Date:	By:
		Date:	By:
Risk Assessed with social services:		Date:	By:

Policies Explained	Signed	Date
Advocacy referral - consent of CYP confirmed by CGL		
Safeguarding Procedure explained by CGL		
Confidentiality, Contact and Information Sharing shared with CYP		
Complaints procedure explained to CYP		