**Provider Details**

|  |  |
| --- | --- |
| **Provider Name**  | **CCP – Caring for Communities and People** |

**Referred by**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of referrer** |  | **Contact Details:****email & telephone**  |  |
| **Organisation** |  |
| **Address** |  |

**Client Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **Contact Details:****email & telephone**  |  |
| **Date of birth** |  |
| **Address**  |  |
| **Child/ren’s full name/s, DOB/s & Liquid Logic Ref No’s** | **Full Name** | **Liquid Logic Number and DOB** |
|  |  |
| **Ethnicity** |  | **Language** |  |
| **Sexual orientation** |  | **Religion/Belief** |  |
| **Disability**  |  |

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| **Service Information** |
| Family Advocacy is provided on a spot purchase basis at a cost of £45 per hour + travel expenses (mileage/rail/bus/parking/clean air zone charges)Mileage is charged at the rate of £0.45 per mile. |

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| **Please describe the advocacy need:** |
| Please indicate the current stage in processChild Protection  Pre Proceedings  Proceedings   |

|  |  |
| --- | --- |
| **Professionals Involved** **e.g. Support Workers, Social Worker, Solicitor** | **Contact Details - email address and telephone number** |
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| **Risk Indicators: Do you feel the client is at risk from any of the following? Indicate [X]** |
|  | **Yes** | **No** | **Don’t Know** |  | **Yes** | **No** | **Don’t** **Know** |
| Vulnerability |   |   |   | Financial risk |   |   |   |
| Self-harm / Suicidal behaviour |   |   |   | Offending behaviour |   |    |   |
| Mental health |   |   |   | Domestic abuse |   |   |   |
| Substance & alcohol misuse |   |    |   | Inappropriate behaviour (if not included elsewhere) |   |   |   |
| Anger management |   |   |   | Other – such as a risk to visit alone/risks at property including dogs or neglect to property that might mean we do not do home visits (Please comment)   |
| Physical / medical health |   |   |   |
| **Please provide all relevant background information :** |

**Payment Details – Legal Aid Funding**

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| **Please confirm that funding has been agreed** |
|  Please confirm that the funding has been agreed/confirmed   |

**Invoice to be sent to:**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Contact Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Admin Email – **Must be completed as invoices are sent via email** |   |

**Payment Details – Local Authority**

|  |
| --- |
| **Please confirm that funding has been agreed** |
|  Please confirm that the funding has been agreed/confirmed   |

**Invoice to be sent to:**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Contact Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Admin Email – **Must be completed as invoices are sent via email** |   |

**Payment Details – Court Appearances/work**

|  |
| --- |
| **Please confirm that funding has been agreed** |
|  Please confirm that the funding has been agreed/confirmed   |

**Invoice to be sent to:**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Contact Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Admin Email – **Must be completed as invoices are sent via email** |   |

**Cancellation**

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| --- |
| If advocacy is no longer required, it is the responsibility of the referrer to notify CCP. |

Signed by (Referrer)

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

Please email this document securely to: familyadvocacy@ccp.org.uk