**Children and Young People’s**

**Independent Advocacy**

**self-referral form**

Our Independent Children and Young People’s Advocate will support and enable you to have your views, wishes and interests included in the decisions which affect you and help you to access services for people with M.E./CFS.

We encourage and support self-advocacy (where you represent yourself) as far as possible. You can ask and give permission for us to advocate on your behalf if you don’t feel able to advocate for yourself, or are struggling to carry on advocating and have got as far as you can.

We can offer advocacy on specific issues (issues-based advocacy) to children and young people

* who have a diagnosis (or a suspected diagnosis) of M.E., CFS and/or PVFS
* aged 8 up to 19 years
* who live in the UK.

We are **unable** to provide:

* advocacy on welfare benefits or legal issues
* medical advice or offer counselling or specialist mental health support.

We can give you details of agencies that help with these concerns if needed.

|  |  |
| --- | --- |
| **About you:** | |
| My first name is: | My surname is: |
| I am over 18: YES / NO | My date of birth is: |
| Please delete as applies:   * I have a diagnosis of M.E., CFS and/or PVFS: YES / NO * I have mild / moderate / severe symptoms | |
| I need to be listened to, my rights to be defended or my views, wishes or needs represented. **The issue I need help with is**: | |
| My full postal address is: | |
| My email address is: | My telephone number is: |
| The best way to communicate with me is (please delete as applies)   * Phone * Email | |
| Please tell us how you heard about this service: | |
| I am part of Action for M.E.’s CYP Community: YES / NO  If no, would you like further information on the CYP Community: YES / NO | |
| **Data Protection and Consent: (if you are under 16, your parent needs to read and agree to the statement below)**   * We will use your email and telephone number to keep in contact with you or your child and send you information which you have consented to us sending or have requested. * You can find further information about how we process and use your data by reading [our Privacy Policy](https://www.actionforme.org.uk/get-information/about-us/our-privacy-policy/), available on the website or we can send you a hard copy * If we believe that you or your child are at serious risk of harm, abuse or neglect and this falls within safeguarding legislation, we may use your personal details to make a referral to the adult/children’s safeguarding team in your local area. Wherever possible we will seek your consent to do this, however if we believe that this will put you, your child or another person at an increased risk of harm then we may contact the relevant safeguarding team or call the emergency services without your consent. * Information is only shared on a need to know basis * In order to advocate on your or your child’s behalf we will need to liaise with the agencies and professionals involved. In such circumstances, we will only communicate information which you have agreed we may share and your advocate will not make decisions for you or your child without your input. | |
| **Declaration of consent**  **I give permission for Action for M.E. to process my personal data in order to provide a service to me.**  **I understand that no action will take place without my knowledge and consent and will be treated as confidential unless there is evidence or reasonable cause to believe I or another person is at risk of harm, abuse or neglect or if a crime has taken place/will occur.**  **Only information that is relevant to advocacy and if necessary, official representation will be recorded and securely stored as an electronic file. I understand that if I agree to my information being shared I have the right to limit how much is shared or to withdraw my agreement at any time. I also understand that this will limit the advocacy and support that AFME can provide me.** | |
| Child or Young Person’s name/signature:  Parent Carer’s name/signature if you are under 16:  Date: | |
| If you are a professional making a referral on behalf of someone else, you need to ensure they have signed and dated this form before you send it. Please also include your contact details here if this is the case: | |

Please return this form to: [18andunder@actionforme.org.uk](mailto:18andunder@actionforme.org.uk)

Action for M.E., 42 Temple Street, Keynsham BS31 1EH