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**Advocacy Rights and Recovery Support**

**Bairns Hoose - Aberdeen**

**Section One**

**Young person’s name:**  Click or tap here to enter text.

**Young person’s DOB:**  Click or tap here to enter text.

**Young person’s Address:** Click or tap here to enter text.

**Contact Tel no/email address:** Click or tap here to enter text.

**Section Two**

**Parent/Carers name:**  Click or tap here to enter text.

**Parent/Carer Address:**  Click or tap here to enter text.

**Contact Tel no/email address:** Click or tap here to enter text.

**Section Three**

**Named Person Details:**  Click or tap here to enter text.

**Named Person Role:** Click or tap here to enter text.

**Names Person Address:** Click or tap here to enter text.

**Contact Tel no/email address:** Click or tap here to enter text.

**Details of any other relevant professionals:** Click or tap here to enter text.

**Section Four**

**Brief Family Background:**

Click or tap here to enter text.

**What is going well?**

Click or tap here to enter text.

**Do the family have any current supports in place?**

Click or tap here to enter text.

**What are the families hopes from receiving support from the Advocacy, Rights and Recovery Team?**

Click or tap here to enter text.

**Is there any support you feel the family need immediately?**

Click or tap here to enter text.

**Has the child experienced a single incident trauma or multiple traumatic experiences?**

Click or tap here to enter text.

**What is the status/outcome of the investigation?**

Click or tap here to enter text.

**Is there any meetings or court dates that we need to be aware of?**

Click or tap here to enter text.