

Young Carer's Referral Form

SECTION 1: Young Carer's Details

Name:		Referral Date	
Contact Address and Postcode:			
Date of Birth :		Male/Female	
Telephone:	Mobile:	Email:	
School/College:			
<p>How would the Young Carer describe their ethnic group/classification ?</p> <p>White British or Irish / White Other / Mixed Ethnicity / Asian or Asian British / Black or Black British / Traveller / Other Ethnic Group / Decline to Answer</p>			
<p>Does the Young Carer have any Disabilities or Special Educational Needs? Yes / No</p> <p>If yes, please describe the impact it has on them and what we need to know to support them (including whether they have a Statement of Special Educational Needs).</p>			
<p>Does the Young Carer attend any out of school activities such as sports clubs, youth groups etc.? Yes / No</p> <p>(If yes, please tell us about them)</p>			

SECTION 2: Family & Home

Parent / Guardian name(s) address, telephone, mobile (if different from Young Carer)

Email :

Family Circumstances: Please tell us about details of other members of the household (name, date of birth, relationship) and any relevant information about home life we need to know.

Risk Assessment for Home Visits

SECTION 3: Care Provision

Name(s) of who the Young Carer cares for	Relationship to Young Carer	Age of cared for
<p>Tell us about the condition and how it affects the being cared for. Are there any times the condition gets worse (e.g. in winter)?</p>		
<p>Is the young carer the main carer in the household? Yes / No</p>		
<p>Is there anything else you want to tell us, to help us support the Young Carer to attend Young Carers (e.g. confidence in groups/relationship with adults)?</p>		
<p>What would the Young Carer like to get out of their involvement with Young Carers?</p>		
<p>GP's Name, Surgery, Address :</p>		

INFORMATION SHARING

The information contained in this form will be securely stored on a database and will only be used for the purpose of the Young Carers programme. The information will not be shared more widely without the consent of the Young Carer and/or the parent(s) / guardian(s) as appropriate. However, information may be shared (without consent) more widely where there is a risk of harm to the Young Carer and/or others.

SECTION 4: Referrer Details

Name of Referrer:		
Organisation (if applicable)		
Contact Address and Postcode:		
Telephone:	Mobile:	Email:

Family Support Process (FSP) / Social Services (please tick as appropriate):

Single Agency Referral – no need for FSP assessment	
FSP in place – consent gained for WNC Young Carers involvement (please provide FSP assessment if possible, and most recent Delivery Plan/Review)	
FSP in place – consent not gained for WNC Young Carers involvement	
Subject to Section 17 – Child in Need	
Subject to Section 47 – Safeguarding	
Other statutory intervention (please specify):	

Other Agency Involvement

Agency Name	Worker	Contact details

If referrals have been made to other agencies, please give relevant details below.