Young Carers Referral form

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| **Date of referral:** |   |
| **Name of referrer :** |   |
| **Organisation if relevant:** |   |
| **Address and postcode:** |   |
| **Telephone contact:** |   |
| **Email address:** |   |

**Has the family consented to the referral?** Yes [ ]  No [ ]

**Please note that consent must be given – only continue if above is ‘Yes’**

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| **Young carers details** |
| **Surname:**  | **First Name:** **Known as:**  | **DOB:** **Age now:**  |
| **Parent(s) Surname:**  | **Parent (s) First Name**  **Known as:**  | **Who has parental responsibility?**  |
| **Address and postcode:**  |
| **Contact details** |
| **Phone:**  | **Mobile:**  | **Email:**  |
| **Disability?** Yes [ ]  No [ ]  **Details:**  | **Ethnicity:**  | **Religion or belief:**  |
| **School, School year and Main contact:**  | **Does School know they are a carer?**Yes [ ]  No [ ]   |
| **If ‘No’ are you happy for us to share with a named point of contact at your child’s school that your child is a carer and accessing our service, so we can work together to support them appropriately?** Yes [ ]  No [ ]   |
| **Comments** |
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| **Key agencies** |
| **Any other key agencies involved?**  |
| **Are the children in the family on/ or have any of the children been on, the child protection register? Timescales:**  | Yes [ ]  No [ ]   |

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| **About the person(s) cared for** |
| **Surname:**  | **First Name:**  | **Relationship to Young Carer:**  |
| **What is the main reason they provide care and what is the impact of this on the child/ young person? *(disabilities/health problems/ what tasks does the young carer carry out/what effect is this having?)***  |

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| **Additional person(s) cared for – leave blank if not applicable** |
| **Surname:**  | **First Name:**  | **Relationship to Young Carer:**  |
| **What is the main reason they provide care and what is the impact of this on the child/ young person? *(disabilities/health problems/ what tasks does the young carer carry out/what effect is this having?)*** |

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| **Surname:**  | **First Name:**  | **Relationship to Young Carer:**  |
| **What is the main reason they provide care and what is the impact of this on the child/ young person? *(disabilities/health problems/ what tasks does the young carer carry out/what effect is this having?)*** |

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| **About supporting the young carer** |
| **What’s working well for the family?** |
| **What are you worried about?** |
| **What needs to happen for the family?** |

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| **Risk planning** |
| **Are you aware of any risks this family may pose to our staff or is there any information we need to be aware of when visiting the family home?** |

**Please return this form via below options:**

**Post to:** FAO Carers Support Alliance, Alliance Homes Group, 40 Martingale Way, Portishead, BS20 7AW.

**Email:** Carersupport@alliancehomes.org.uk If you do not have access to secure email, please password protect this document before sending. **To obtain current password used by our team please call 03000 120 120 option 3**.