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](mailto: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**.