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| **❶ Young Carers Personal Details** | | | | |
| **Name** |  | | | |
| **Home Address** |  | | | |
| **Postcode** |  | | | |
| **Council District** |  | | | |
| **Home No.** |  | | | |
| **Mobile No.** |  | | | |
| **e-mail** |  | | | |
| **Date of birth** |  | | | |
| **Gender** | male | female | **Age** |  |
| **Ethnicity** |  | | | |

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| ❷ **Referrer details** | | | |
| **Is this a self-referral from the family/home?** | Yes  *If YES, ignore the rest of this section.* | No  *If NO, then please complete this section.* | |
| **Name** |  | | |
| **Job title** |  | | |
| **Organisation** |  | | |
| **Address** |  | | |
| **Postcode** |  | | |
| **Phone No.** |  | | |
| **e-mail** |  | | |
| I have obtained consent from the family prior to making this referral and they are happy to be contacted. | | |  |

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| **❸ Details of the main person who is cared for.** – if more than one person is cared for please give details in the notes section | | | |
| **Name** |  | **Relationship** (to Young Carer) |  |
| **Disability / illness / condition** |  | | |

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| **❹ Why do you feel a referral would be appropriate to the Young Carers service at this time?** | | | |
|  | | | |
| The above named young person is the primary carer and carries out the majority of all of the caring tasks |  | The above named young person, whilst not the primary carer, is adversely affected by the caring situation |  |

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| **❺ Family details** | | | | |
| **Name of Parent / Guardian (1)** |  | **Relationship** (to Young Carer) |  | |
| **Date of Birth** |  | **Gender** |  | |
| **Home address** (if different to above) |  | **Telephone number** |  | |
| **Religion:** As described by the parent/guardian |  | **Ethnicity:** As described by parent/guardian |  | |
| **First language** |  | **Disability** |  | Is cared for |
|  | | | | |
| **Name of Parent / Guardian (2)** |  | **Relationship** (to Young Carer) |  | |
| **Date of Birth** |  | **Gender** |  | |
| **Home address** (if different to above) |  | **Telephone number** |  | |
| **Religion:** As described by the parent/guardian |  | **Ethnicity:** As described by the parent/guardian |  | |
| **First language** |  | **Disability** |  | Is cared for |

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| **❻ Details of other children or, other people living in the household AND, any significant people not living in the household** (If you need more space, please use the notes section) | | | | | | |
| **Name** | **Date of Birth/EDD** | **Relationship** (to Young Carer) | **Home address** (if different to above) | **Is cared for** | **Is also a carer** | **Referral made\*** |
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\*ALL referrals must be made on a separate form.

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| **❼ Professional Relationships**  Tell us of any organisations you currently access, Groups/activities you are involved in and professionals involved | | | |
| **Name and Organisation** | **Role** | **Address** | **Telephone number & email address** |
| Nursery/School/College: |  |  |  |
| GP: |  |  |  |
| Lead Professional/Social Worker: |  |  |  |
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| **❽ Who has parental responsibility?** |
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| **❾ Are there any communication issues (including language) for the family? If yes, please say** |
|  |

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| **❿ Questions:** | |
| **Do the family receive Free School Meals?** | Yes No Unknown |
| **Current school attendance** | % |
| **Does the child/young person have an Education, Health & Care Plan?** | Yes No Unknown |
| **Have the family had previous early help or involvement with children or adult social care?** | Yes No Unknown  Adult Social Care  Children’s Social Care |
| **Is there current social care involvement?** | Yes No Unknown  Adult Social Care  Children’s Social Care |
| If yes, details of social worker have been included in referral? | Yes |
| **Is there an open Early Help Single Assessment?** | Yes No Unknown |
| If yes, EHSA details/referral/minutes have been attached with this referral? | Yes No |
| **Does the child/young person have a Child in Need plan?** | Yes No Unknown |
| **Does the child/young person have a Child Protection plan?** | Yes No Unknown |

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| ⓫ Notes section |
| Use this space to detail any additional / relevant notes or areas of concern |
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| **⓬ Referrers only.** | | | | | |
| **Please ensure ALL sections are completed fully and accurately as any missing or incorrect information WILL delay this referral.** | | | | | |
| **Do we have permission to contact the family?** | | | | | Yes  No |
|  | | | | | |
| **Signature** | |  | | | |
| **Name** |  | | **Date** |  | |

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| **⓭ Families / self-referrals only.** | | | | | |
| **Please note that it is not necessary for this section to be completed if referral is being made by a third party.** | | | | | |
| Whilst involved in any activities operated by the Young Carers’ Project you must agree to behave in such a way that does not put yourself or others in any danger. You must treat others with respect and follow the instructions of the staff and volunteers that are there to help you. | | | | | |
| The Young Carers Project will not share any of your personal information with any other organisation/s other than those you have given us permission to, or if we have concern for the safety of yourself or others. At all times, if we intend to share any information about you with another organisation we will make you fully aware of our intentions beforehand. | | | | | |
| By signing this form you are giving consent for your personal details to be stored on the Warwickshire Young Carers’ Project database. | | | | | |
| **Do you understand and are you in agreement with this?** | | | | | Yes  No |
|  | | | | | |
| **Young Carers Signature** | |  | | | |
| **Name** |  | | **Date** |  | |
|  | | | | | |
| **Parents Signature** | |  | | | |
| **Name** |  | | **Date** |  | |

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| **⓮ Office use only** | | | |
| **Date** | **Contact type** | **Staff initials** | **Outcome / Actions** |
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| **MACA** |  | | **PANOC+** | |  | **PANOC-** | |  |
|  | | | | | | | | |
| **Consent** | | Yes | | **EHSA** | | | Yes | |
|  | | | | | | | | |
| **Groups** | | Yes No | | **Activities** | | | Yes No | |
| **Residentials** | | Yes No | | **121s:** | | | Yes No | |

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| Entered onto Database |  | by: |  | Database ID number | |  |
| Assessment completed by: |  | | | Date: |  | |
| Approved  by: |  | | | Date: |  | |