|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Details** | | | |
| Referred by Organisation/Address |  | Telephone No. |  |
| Has the Carer Granted Permission to Share Details? |  |

YC



Registered Charity No. 1062548

**Referral Form**

**Strictly Confidential**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Carers Details** | | | | | | |
| Name,  Address &  Postcode |  | Gender | Male |  | Female |  |
| Date of Birth |  | | | |
| Telephone No. |  | Ethnicity |  | | | |
| Council Tax Paid To |  | GP Surgery |  | | | |
| School Currently Attending |  | | | | | |

|  |  |
| --- | --- |
| **Cared For Details** | |
| Does the child have a disability, is taking any medication or has any allergies? |  |
| Is the child supported by SEN? |  |
| Does the child have a communication need? |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Estimated hours of Caring a week?** | 0-19 hours |  | 20-49 hours |  | 50+ hours |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Young Carers Family Members** | | | |
| Name | Relationship to child/YC | PR  Y/N | Cared For: Y/N If yes, please add their illness/disability. |
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| --- | --- | --- | --- |
| **Multi Agency Information (Please tick appropriate boxes)** | | | |
| Is the child subject to Child Protection Plan? |  | If yes, which Social Worker? |  |
| Is the child subject to Child in Need Plan? |  | If yes, which Social Worker? |  |
| Has an Early Help Assessment been completed? |  | If yes, Lead Name? |  |
| Is there a Family Matters Intervention? |  | If yes, Lead Name? |  |
| Is the child looked after? |  | If yes, which authority is responsible? |  |

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| --- | --- | --- | --- | --- | --- |
| **Risk Assessment Details** | | | | | |
| Are there any known risks our support staff should be aware of prior to visiting this Carer? | | Yes |  | No |  |
| Comments: |  | | | | |

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| --- |
| **Overview of the Case Background** |
| Welfare of the Young Carer  (Please comment on health, safety, home environment, if victim of bullying, crime or discrimination) |
|  |
| Educational Overview  (Please comment on aspirations, school support, ability to attend, involvement in school and extra-curricular activities, positive/negative role models) |
|  |
| Social Development of the Young Carers  (Please comment on friendships, peer relationships and behaviour in school, home and community) |
|  |

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| --- |
| **What Outcome Do You Expect From This Referral** |
| Please include the view of the child/young person |
|  |
| Please include the view of the parent |
|  |

If you prefer to discuss the details and not record them, please contact us on the number below

Any information you share with us will be kept safe and secure and processed in line with our privacy policy.

This can be seen on our website www.carersfirst.com  
or you can request a copy from us by calling NSC on 01782 793100.

Please return the completed form to:  
North Staffs Carers Association  
Carers Centre, 1 Duke Street, Fenton, Stoke-on-Trent, ST4 3NR

Tel: 01782 793100

Email: [info@carersfirst.com](mailto:info@carersfirst.com)

