

Date Received at Office			
		20	

Please send completed form to:
 Young Carers Service, Carers Trust
 South East Wales, County Hospital,
 Torfaen, NP4 5YA
ycteam3@ctsew.org.uk
 Tel: 01495 769996

Referral Form

Young Carers (08 - 18 year old) Service

Young Carers and their families having access to support that matters to them

Please note Carers Trust South East Wales Young Carers Service believes that all young people who use the services we provide should have access to the information written about them, including this form. If you wish to share information that is confidential to the agency only and should not be shared with the young person, please include this on a separate sheet that is clearly marked.

Section i) About the Referrer

<u>Name:</u>	<u>Date:</u>
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<u>Name and Agency (if applicable)</u>
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<u>Address:</u>	<u>Phone Number:</u>
	<u>E-mail:</u>

<u>In what capacity do you know the young carer</u>

<u>Why are you referring?</u>

Section ii) about the Young Person

<p><u>Name:</u></p>	<p><u>Parent(s) or Guardian(s) names:</u></p>
<p><u>Address:</u></p> <p><u>Phone number:</u></p>	<p><u>Siblings and / or Other Relatives Living Within the Home:</u></p>
<p><u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><u>Date of Birth:</u></p> <p><u>Ethnicity:</u></p>	<p><u>School:</u></p> <p><u>School Contact Details:</u></p>

Who do they care for?

Age of the cared for?

What is their (the cared for) condition?

Why is the young person providing care?

Other relevant information

Please answer the following questions	Yes	No	Don't know
Is the young person aware that you have made a referral to us?			
Has the young person's parent or guardian given permission for you to make this referral to us?			
Is the young person a young carer?			
Are they the main carer in the household?			
Does the school know that the young person is a young carer?			
Has the young person had a Carers Assessment?			
Are there Child Protection Concerns?			
Do they live in a single parent household?			
Does the young person have any additional needs? If yes please provide details below			
Are there any risk issues? Such as safety to staff, challenging behaviour, home environment issues, drugs/alcohol issues etc. If yes provide details below			
Are other agencies involved with the family? If yes please provide details below			

	Yes	No	Don't know
Does the young person need support with education, life skills or training? If yes provide details below			
Does the young person need support with social or leisure situations? If yes provide details below			
Does the young person need support with emotions, behaviour and friendships? If yes provide details below			
Does the young person need support with health and wellbeing? If yes provide details below			
What are you and the young carer hoping to gain from the referral?			
Are there other issues that we need to be aware of? If yes please provide details below			

Section iii) Next of Kin Details

<u>Title:</u>	<u>First Name:</u>	<u>Surname:</u>
<u>Sex:</u>	<u>Age:</u>	<u>Date of Birth:</u>
<u>Relationship to Young Carer:</u>	<u>Address:</u>	<u>Contact number:</u>
<u>Ethnicity:</u>	<u>Welsh Speaker:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Preferred Language:</u>
<p><u>Health:</u></p> <p>Very Good <input type="checkbox"/> Stressed <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor <input type="checkbox"/> Other <input type="checkbox"/> Physical Illness <input type="checkbox"/> Mental Illness <input type="checkbox"/> Terminal Illness <input type="checkbox"/></p> <p><u>Smoker:</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p><u>Employment Status:</u></p> <p>Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Young Carer Unemployed <input type="checkbox"/> YC Student <input type="checkbox"/> Young Carer <input type="checkbox"/> Other <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unfit to Work <input type="checkbox"/> Gave Up Work to Care <input type="checkbox"/> Training/Student <input type="checkbox"/> Housewife/ Husband <input type="checkbox"/> Other <input type="checkbox"/></p>		

Section iv) Cared for Details – same as next of kin? Yes/No

If yes – please leave blank

<u>Title:</u>	<u>First Name:</u>	<u>Surname:</u>
<u>Sex:</u>	<u>Age:</u>	<u>Date of Birth:</u>
<u>Relationship to Young Carer:</u>	<u>Address:</u>	<u>Contact number:</u>
<u>Ethnicity:</u>	<u>Welsh Speaker:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Preferred Language:</u>
<u>Health:</u> Very Good <input type="checkbox"/> Stressed <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor <input type="checkbox"/> Other <input type="checkbox"/> Physical Illness <input type="checkbox"/> Mental Illness <input type="checkbox"/> Terminal Illness <input type="checkbox"/> Smoker: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>Employment Status:</u> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Young Carer Unemployed <input type="checkbox"/> YC Student <input type="checkbox"/> Young Carer <input type="checkbox"/> Other <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unfit to Work <input type="checkbox"/> Gave Up Work to Care <input type="checkbox"/> Training/Student <input type="checkbox"/> Housewife/ Husband <input type="checkbox"/> Other <input type="checkbox"/>		

For office use only

Referral received by _____

Action taken _____

Y.C Assessment date completed _____

Planned review date _____