

New Referral Contact Details



Date referral
received

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1 Young Carers Personal Details

Name				
Home Address				
Postcode				
Council District				
Home No.				
Mobile No.				
e-mail				
Date of birth				
Gender	male <input type="checkbox"/>	female <input type="checkbox"/>	Age	
Ethnicity				

2 Referrer details

Is this a self-referral from the family/home?	Yes <input type="checkbox"/> <i>If YES, ignore the rest of this section.</i>	No <input type="checkbox"/> <i>If NO, then please complete this section.</i>
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.		<input type="checkbox"/>

3 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			

4 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	<input type="checkbox"/>	The above named young person, whilst not the primary carer, is adversely affected by the caring situation	<input type="checkbox"/>

5 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 <input type="checkbox"/>

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 <input type="checkbox"/>

6 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*

*ALL referrals must be made on a separate form.

7 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:			

8 Who has parental responsibility?

9 Are there any communication issues (including language) for the family? If yes, please say

10 Questions:

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

11 Notes section

Use this space to detail any additional / relevant notes or areas of concern

12 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

13 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

14 Office use only

Date	Contact type	Staff initials	Outcome / Actions

MACA		PANOC+		PANOC-	
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Consent	Yes <input type="checkbox"/>	EHSA	Yes <input type="checkbox"/>
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Groups	Yes <input type="checkbox"/> No <input type="checkbox"/>	Activities	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residentials	Yes <input type="checkbox"/> No <input type="checkbox"/>	121s:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Entered onto Database	<input type="checkbox"/>	by:		Database ID number	
Assessment completed by:				Date:	
Approved by:				Date:	