**Young Carer Referral Form**

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| **FOR OFFICE USE ONLY** |
| **Name of Support Worker:** |
| **Date of first assessment / contact with carer:** |
| **Notes** |

**Young Person’s Details**

Title:       First Name:       Surname:

Date of Birth       Age:       Gender:

Address

Postcode:

Tel No (if applicable):

Email:

School attended by young person:

**Parent/Guardian Details**

Title:       First Name:       Surname:

Relationship to young person:

Address

Postcode:

Tel No:

Email:

**Support from other services**

Please give details below, of other agencies/services that offer support:

**Agency/Service Contact Name Contact Number**

1.

2.

3.

**Referrer Information**

Referred by (name of person):

Job title:

Referring organisation (if applicable):

Tel:       Email:

If referred by a Hub, please give name:

Referrer signature:       Referral Date:

**Details of person/people the young person cares for** *(if different from parent/guardian above)*

**1. Name:**       Date of Birth:

Address (if different from young person):

What is this person’s relationship to the young person? eg. aunt, grandad etc:

**2. Name:**       Date of Birth:

Address (if different from young person):

What is this person’s relationship to the young person? eg. aunt, grandad etc:

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| **Cared For Hub:** |

**Health Information of the person being cared for** *(use a separate sheet if necessary)*

What health problems does the person/people they care for have? eg. autism, cancer, COPD, physical disability, mental ill health)

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**Family Focus Project**

Our Family Focus Project supports families where one or more parents have been identified

as having substance misuse problems and/or mental ill health.

**Complete this section if the young person is living within a family with a substance misuse problem.**

Family member with substance misuse problem

Substances taken, both illicit and non-illicit, prescribed amounts, usage etc

How do you feel drugs/alcohol use is affecting the family, particularly the children and young people? Please give as much detail as possible:

**Young Person’s caring duties**

What caring duties does the young person carry out? *(Tick all that apply):*

Personal Care (help to go to the toilet)

Personal Care (help washing, bathing, showering)

Personal Care (help to get dressed)

Emotional Support

Assistance with medication

Help with professionals, completing forms, accompanying to appointments

Help managing finances

Household tasks (cooking, cleaning, washing, food shopping)

Help with communication

Help with managing challenging behaviour

**Reason for referral**

Please give details of the reason for the young person’s referral to Blackpool Carers and how you feel the young person is impacted by their caring role:

If you would like more information about services we offer, please tick all below that apply:

One to one emotional support  Benefit advice  Counselling

Courses, training and employment support  General Information and signposting to other organisations

Support groups  Social, trips & events  Other  Please state:

Any other information:

**Armed Forces**

Please tick if anyone in the immediate family has ever served in the Armed Forces

**Consent**

Is the young person aware of this referral and can they be contacted? Yes  No

Has the parent/guardian consented to this referral and can they be contacted? Yes  No

**Early Help assessment/Child Protection Plan**

Is there a current Early Help Assessment or Child Protection Plan in place? Yes  No

If Yes, who is the lead practitioner?:

**Risks**

Please give details of any known risk:

**Please return this completed form to: Blackpool Carers, Beaverbrooks House, 147 Newton Drive, Blackpool, FY3 8LZ or email:** [**admin@blackpoolcarers.org**](mailto:admin@blackpoolcarers.org) **or fax to 01253 393450.**

*Information given in this form will be retained for six years plus current year after case closure. At the end of this time period, information stored electronically will be deleted beyond the point of recovery and paper files will be shredded by a third-party company called Shred-It.*