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**Referral Form**

**Bristol & South Gloucestershire** **Young Carers**

This form is for use by professionals or families of a child or young person who has caring responsibilities. An assessment of need will be completed for referrals meeting our criteria, but we cannot guarantee that a service will be offered in all cases. Please complete this form as fully as possible.

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| **Details of child/young person** If completing electronically, please double-click on the relevant check boxes and select ‘checked’. |
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| --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | DOB |  | Age |  |
|  |  |
| Address |  | Female | [ ]  | Male | [ ]  |
| Transwoman | [ ]  | Transman | [ ]  |
| Non Binary | [ ]  | Prefer Not to Say | [ ]  |
|  |
| Email address |   |
|  |  |
| Postcode |  | Religion |   |
|  |  |  |  |  |
| Does the child/young person have a disability or additional needs? | Yes | [ ]  | No | [ ]  |
|  |
| If yes, please give details |  |

 |
| **Ethnicity**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Asian/Asian British: Bangladeshi  | [ ]  | Asian/Asian British: Indian  | [ ]  | Asian/Asian British: Other Asian | [ ]  |
| [ ]  | Asian/Asian British: Pakistani  | [ ]  | Black/Black British: African  | [ ]  | Black/Black British: Caribbean  | [ ]  |
| [ ]  | Black/Black British: Other Black  | [ ]  | Mixed: White & Asian  | [ ]  | Mixed: White & Black Caribbean | [ ]  |
| [ ]  | Mixed: White & Black African  | [ ]  | Other Ethnic: Chinese  | [ ]  | Romany/Travelling | [ ]  |
| [ ]  | Prefer Not To Say  | [ ]  | White: White British  | [ ]  | White: Other European  | [ ]  |
| [ ]  | White: White Irish  | [ ]  | White: White Polish  | [ ]  | Unknown | [ ]  |  |

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| If other, please specify |  |  | Language spoken at home |  |
|  |
| Is an interpreter or signer required? | Yes | [ ]  | No | [ ]  |  |

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| **Details of parents/carers** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |   |  | Email address:Address (if different from child/ young person |  |
|  |  |
| Relationship  |  | DOB |  |  |
|  |  |
| Contact tel. no. |  |
|  |
| Name |   |  | Address (if different from child/ young person |  |
|  |  |
| Relationship |  | DOB |  |
|  |  |
| Contact tel. no. |  |

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| **Details of siblings (if any, living at the family home)** If more than one child requires a Young Carers Assessment, please complete a separate referral form for each.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name  |  |  | Does the sibling have any caring responsibilities?  | Yes [ ]  No [ ]

|  |
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|  |

 | Female [ ]  |
|  |
| Male [ ]   | Female [ ]  |  DOB |  |
|  |
| Name  |  |  | Does the sibling have any caring responsibilities?  | Yes [ ]  No [ ]

|  |
| --- |
|  |

 | Female [ ]  |
|  |
| Male [ ]   | Female [ ]  |  DOB |  |
|  |
| Name  |  |  | Does the sibling have any caring responsibilities?  | Yes [ ]  No [ ]

|  |
| --- |
|  |

 | Female [ ]  |
|  |
| Male [ ]   | Female [ ]  |  DOB |  |
|  |
| Name  |  |  | Does the sibling have any caring responsibilities?  | Yes [ ]  No [ ]

|  |
| --- |
|  |

 | Female [ ]  |
|  |
| Male [ ]   | Female [ ]  |  DOB |  |
|  |

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| **Child/young persons’ current family and home situation**Please include information about the family structure (including siblings); for whom the child/young person has caring responsibilities; the nature of the illness, disability or substance misuse affecting the cared for person. |
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| **Caring tasks undertaken by child/young person**Please tick the caring tasks that the child/young person does regularly to help the person they care for.  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Cleaning | [ ]  | Cooking | [ ]  | Laundry | [ ]  | Washing up | [ ]  |
|  |
| Decorating | [ ]  | Shopping  | [ ]  | Lifting/Fetching/Carrying | [ ]  | Interpreting/Signing | [ ]  |
|  |
| Dressing/Undressing  | [ ]  | Working to bring in money for family  | [ ]  | Helping with paying bills / banking and benefits | [ ]  | Making sure cared for person is alright | [ ]  |
|  |
| Emotional Care | [ ]  | Looking after siblings | [ ]  | Keep cared for company | [ ]  | Washing/Showering | [ ]  |
|  |
| Taking siblings to school | [ ]  | Taking cared for person out | [ ]  | Other | [ ]  |  |  |
|  |
| If other, please describe |  |
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| **Impact of caring responsibilities on child/young person**Please tick the boxes which best describe the child/young person and how their caring responsibilities impact upon them. Are they: |
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| --- | --- | --- | --- | --- | --- |
| Lacking confidence | [ ]  | Isolated  | [ ]  | Stressed  | [ ]  |
|  |
| Unable to spend time socialising | [ ]  | Self harming | [ ]  | Worried  | [ ]  |
|  |
| Having back problems  | [ ]  | Frequently tired | [ ]  | Angry | [ ]  |
|  |
| Frequently absent from school  | [ ]  | Being bullied | [ ]  | Fed up | [ ]  |
|  |
| Struggling to concentrate in school  | [ ]  | Lonely | [ ]  | Other | [ ]  |
|  |
| If other, please describe |  |

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| **School** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school |   |  | Address |  |
|  |  |
| Contact tel. no.  |  |
|  |  |
| Name of tutor |  |
|  |
| Is the school aware of the child/young persons caring responsibilities? Yes [ ]  No [ ]  |
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| **Social Care (Children’s & Adults)**Is the child/young person a Child In Need (CIN) or on a Child Protection Plan? (CP) CIN [ ]  CP [ ] Does the child/young person or family have any support from social care services? Yes [ ]  No [ ] **Assessments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of service |  |  | Address |  |
|  |  |
| Name of main contact  |   |
|  |  |
| Contact tel. no. |  |
|  |
| Name of service |  |  | Address |  |
|  |  |
| Name of main contact |  |
|  |  |
| Contact tel. no. |  |
|  |

Has the child/young person and/or the person they care for been formally assessed (e.g. CAF, community care, assessment, O.T assessment, etc.) ? If so, how?

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**Other services working with the family**Please give the details of any other services or organisations already working with the family (e.g. social services, community care, mental health professionals, GP, EWO, CAMHS, youth projects etc.) |
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| --- | --- | --- | --- | --- |
| Name of service |  |  | Address |  |
|  |  |
| Name of main contact  |   |
|  |  |
| Contact tel. no. |  |
|  |
| Name of service |  |  | Address |  |
|  |  |
| Name of main contact |  |
|  |  |
| Contact tel. no. |  |
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| **How you feel Young Carers can help**Please note any particular areas of concern that you hope we can support the child/young person with. |
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| **How did you hear about Bristol & South Glos. Young Carers?** |
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**Details of referrer (if different to those preceding)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |   |  | Address |  |
|  |  |
| Job title  |  |
|  |  |
| Organisation  |  |  |
|  |  | Email  |  |
| Contact tel. no. |  |
|  |
| What will be your ongoing role with the family? |  |
|  |
| Has the family given permission for the referral to be made to Young Carers and their data to be stored on a secure database for referral purposes only? If not, we will not be able to process the referral until consent has been given. | Yes [ ]  No [ ]  |

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**Other comments**Please use this space to add any further comments and include notification of any risk (e.g. aggression or violence of family members etc.) |
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| I understand that the information recorded on this form will be stored on a secure database and used for the purpose of assessing whether the child/young person meets the criteria for services from Young Carers.  |
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| --- | --- | --- | --- | --- | --- |
| Signed (referrer) |  | Print name  |  | Date  |  |

Please return the completed form, marked Private and Confidential, to:**Bristol and South Glos Young Carers, Carers Support Centre, The Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ.** Alternatively, referrals can be sent to us via email. Please use a **secure** email service and send to us at: youngc@carerssupportcentre.org.uk. For enquiries, please contact 0117 958 9980. |