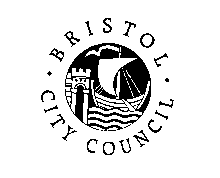
**south glos logo**

**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’. |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 |  |  | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | If other, please specify |  | |  | | Language spoken at home | | |  | | | |  | | | | | | | | | | | | | Is an interpreter or signer required? | | Yes | |  | | No |  | |  | | | |
| **Details of parents/carers** |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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. | |  | | | | | |
| **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   |  | | --- | |  | | 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 |  | |  | | | | | |
| **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. |
| |  | | --- | |  | |  | |
| **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. |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 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 |  | | | | | | | |  |  | | | | | | | |
| **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: |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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 |  | | | | | | |
| **School** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of school |  |  | Address |  | |  |  | | Contact tel. no. |  | |  |  | | Name of tutor |  | |  | | | | | | Is the school aware of the child/young persons caring responsibilities? Yes  No | | | | | | |  | | | | | | |
| **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?   |  | | --- | |  | |  |   **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.) |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of service |  |  | Address |  | |  |  | | Name of main contact |  | |  |  | | Contact tel. no. |  | |  | | | | | | Name of service |  |  | Address |  | |  |  | | Name of main contact |  | |  |  | | Contact tel. no. |  | |  | | | | | |
| **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. |
| |  | | --- | |  | |  | |
| |  | | --- | | **How did you hear about Bristol & South Glos. Young Carers?** | | |  | | --- | |  | |  | |   **Details of referrer (if different to those preceding)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 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 | |   **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.) |
| |  | | --- | |  | |  | |
| 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. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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](mailto:youngc@carerssupportcentre.org.uk). For enquiries, please contact 0117 958 9980. |