

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.

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Asian/Asian British: Bangladeshi | <input type="checkbox"/> Asian/Asian British: Indian | <input type="checkbox"/> Asian/Asian British: Other Asian |
| <input type="checkbox"/> Asian/Asian British: Pakistani | <input type="checkbox"/> Black/Black British: African | <input type="checkbox"/> Black/Black British: Caribbean |
| <input type="checkbox"/> Black/Black British: Other Black | <input type="checkbox"/> Mixed: White & Asian | <input type="checkbox"/> Mixed: White & Black Caribbean |
| <input type="checkbox"/> Mixed: White & Black African | <input type="checkbox"/> Other Ethnic: Chinese | <input type="checkbox"/> Romany/Travelling |
| <input type="checkbox"/> Prefer Not To Say | <input type="checkbox"/> White: White British | <input type="checkbox"/> White: Other European |
| <input type="checkbox"/> White: White Irish | <input type="checkbox"/> White: White Polish | <input type="checkbox"/> Unknown |

If other, please specify Language spoken at home

Is an interpreter or signer required? Yes No

Details of parents/carers

Name Email address:

Relationship DOB Address (if different from child/young person)

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 <input type="text"/>	Does the sibling have any caring responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Male <input type="checkbox"/> Female <input type="checkbox"/> DOB <input type="text"/>		<input type="text"/>	
Name <input type="text"/>	Does the sibling have any caring responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Male <input type="checkbox"/> Female <input type="checkbox"/> DOB <input type="text"/>		<input type="text"/>	
Name <input type="text"/>	Does the sibling have any caring responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Male <input type="checkbox"/> Female <input type="checkbox"/> DOB <input type="text"/>		<input type="text"/>	
Name <input type="text"/>	Does the sibling have any caring responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Male <input type="checkbox"/> Female <input type="checkbox"/> DOB <input type="text"/>		<input type="text"/>	

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 <input type="checkbox"/>	Cooking <input type="checkbox"/>	Laundry <input type="checkbox"/>	Washing up <input type="checkbox"/>
Decorating <input type="checkbox"/>	Shopping <input type="checkbox"/>	Lifting/Fetching/Carrying <input type="checkbox"/>	Interpreting/Signing <input type="checkbox"/>
Dressing/Undressing <input type="checkbox"/>	Working to bring in money for family <input type="checkbox"/>	Helping with paying bills / banking and benefits <input type="checkbox"/>	Making sure cared for person is alright <input type="checkbox"/>
Emotional Care <input type="checkbox"/>	Looking after siblings <input type="checkbox"/>	Keep cared for company <input type="checkbox"/>	Washing/Showering <input type="checkbox"/>
Taking siblings to school <input type="checkbox"/>	Taking cared for person out <input type="checkbox"/>	Other <input type="checkbox"/>	

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 | <input type="checkbox"/> | Isolated | <input type="checkbox"/> | Stressed | <input type="checkbox"/> |
| Unable to spend time socialising | <input type="checkbox"/> | Self harming | <input type="checkbox"/> | Worried | <input type="checkbox"/> |
| Having back problems | <input type="checkbox"/> | Frequently tired | <input type="checkbox"/> | Angry | <input type="checkbox"/> |
| Frequently absent from school | <input type="checkbox"/> | Being bullied | <input type="checkbox"/> | Fed up | <input type="checkbox"/> |
| Struggling to concentrate in school | <input type="checkbox"/> | Lonely | <input type="checkbox"/> | Other | <input type="checkbox"/> |

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

Name of service

Address

Name of main contact

Contact tel. no.

Name of service

Address

Name of main contact

Contact tel. no.

Assessments

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	<input type="text"/>	Address	<input type="text"/>
Name of main contact	<input type="text"/>		
Contact tel. no.	<input type="text"/>		

Name of service	<input type="text"/>	Address	<input type="text"/>
Name of main contact	<input type="text"/>		
Contact tel. no.	<input type="text"/>		

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	<input type="text"/>	Address	<input type="text"/>
Job title	<input type="text"/>		
Organisation	<input type="text"/>	Email	<input type="text"/>
Contact tel. no.	<input type="text"/>		

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?

Yes No

If not, we will not be able to process the referral until consent has been given.

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)	<input type="text"/>	Print name	<input type="text"/>	Date	<input type="text"/>
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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.