YOUNG CARERS REFERRAL FORM - UNDER 18's

01723 850155 01723 850155

- E-mail as an attachment to staff@carersresource.net<u>or</u>
- Post to Scarborough and Ryedale Carers Resource, 96 High Street, Snainton Scarborough, YO13 9AJ
- Telephone for enquiries: 01723 850155

REFERRER DETAILS:							
Name:							
			Consent gained from				
Organisation:	Date of Referral:		the family for this				
			referral & for SRCR to				
Job Title:			contact them direct:				
Phone no:			YES				
Email:			120				
YOUNG CARER DETAILS	<u> </u>						
Name:		Address:					
1 vanie.							
Date of Birth:							
Ethnic Origin:		School:					
					School Year:		
		GP Surgery:		Any Health Conditions / Behavioural			
		problems:					
CARED FOR DETAILS							
Name:		Address: (if different to young carer)					
Data of Binth							
Date of Birth:							
Relationship to young carer	•	Phone no:					
Kelationship to young carer:		r none no.					
		Email:					
GP Surgery:		Health Condition/s:					
Contact details for parent	/ guardian of	young carer	(if different to Cared For)				
		Address:					
Name:							
Relationship to Young Carer:		Phone no:					
		Email:					
Any additional information relevant to us making contact with parent:							
What kind of caring input does the young carer provide? Please state if care							
occurs less than daily							

Is there also an adult leading on providing care?	
(if so please consider referring them to our Adult Carers Service)	

If yes, what is their relationship to the cared for?

Is the young carer and/or family member being supported by any other agencies?

Please provide details of any other person, not already mentioned, including children, on this form who are living in the family home. Please also provide details of any family member providing care but living at a different address to the cared for.

First name and surname (add any useful previous names)	Address If not the same as young person or cared for	Date of Birth	Relationship to young person	parental responsibili ty? YES/NO	Place of Employme nt or School/ Nursery

IMPORTANT: Any Safeguarding / risk / other concerns you feel we should be aware of?

YES / **NO** (If yes please explain)

CONSENTS – IMPORTANT – if only verbal consent has been gained, please make this clear here

IF THIS SECTION IS NOT COMPLETED, WE CANNOT ACCEPT THE REFERRAL

Parental consent (please confirm consent to this referral has been given & for the data to be shared with both SRCR & the service funder NYCC)

Signed:

Date:

Guidelines for Referrers

Definition of a young carer: A young carer is a young person, who helps to look after someone in the family at home because that person is ill, disabled, has poor mental health or is alcohol or drug dependant. Providing care such as emotional, practical or domestic support. The term does not apply to the everyday and occasional help around the home that may often be expected or given by children in families. The key features for us are that the caring responsibilities persist over time and are important in maintaining the health, safety or day to day wellbeing of the person cared for and/or the wider family.

The Aim of The Young Carers Service: is to empower and equip young carers with the skills they need to manage their caring role and other aspects of their lives.

We support young carers who are providing a significant caring role and help them reduce the impact of care on their emotional wellbeing.

NB: The service has limited capacity and unfortunately, we are only able to support one young carer per family; this would usually be the child where there is the most impact of care.

What happens after a referral?

We contact the parent/guardian and complete an initial telephone assessment process. We may also contact you, the referrer, to gather more information.