

Young Carers Referral Form

Please return completed form to:
Sefton Carers Centre
 27-37 South Road, Waterloo, L22 5PE
Tel: 0151 288 6060
Email: help@carers.sefton.gov.uk

Referrer Details

Name of Referrer			
Job Title			
Relationship to young person			
Contact Number		Email Address	

Young Carer Details

First Name		Surname	
Address			
		Postcode:	
Contact Number		Email Address	
Date of Birth		Age	
Gender		Language Spoken	
Ethnicity		Religion	

Does the young carer have a disability? (Please Circle)	Yes	No	Unknown
If Selected Yes, Please State...			
Does the young carer have any long-term health issues ?			
Is she/he currently taking any prescribed medication ?			

School attended

School Name	
Contact Person	
Address	

	Postcode:		
Contact Number		Email Address	
Current school attendance if known %			

Is the young carer aware that you are making the referral to us?	Yes	No	
Is the young person's parent/guardian aware that you are making a referral to us and have they given permission for their personal information to be shared?	Yes	No	
Is the young carer known to us/have they been referred to the service before?	Yes	No	
Young person would prefer to be contacted via Parent/Carer?	Yes	No	
Young person would prefer to be contacted via (Please Circle)	Tel	Email	Post

Information regarding caring role

Name of the person being cared for	
Relationship to young person	
Diagnosis/condition of the cared for person	

How many hours care does the young person provide a week? (Please Tick)

0-5 Hours		5-10 Hours	
10-15 Hours		15-20 Hours	
20-25 Hours		25+ Hours	

How does the young carer provide support/care for the cared for person? (Please tick all that apply)

Domestic activity: Is the young person engaged in activities such as cleaning, cooking, laundry etc		Emotional care: Is the young person providing company and emotional support to the person, keeping an eye on them, taking them out etc	
Household management: Is the young person engaged in activities to keep the household running such as shopping, household repairs, garden maintenance etc		Finance & practical management: Is the young person helping manage household finances such as bill paying, benefits, banking, and takes adult responsibilities such as working part-time to contribute to household income	
Personal care: Is the young person engaged in caring activities such as helping the person to dress and undress, to use the bathroom, helping with mobility, administering medicines and changing dressings		Sibling care: Is the young person responsible for looking after siblings either alone or with a parent present.	

If you are completing the referral form with the young carer, please complete below:

How does being a young carer impact you? (Tick all of the boxes which apply)

It stops me having free time	<input type="checkbox"/>	I don't feel confident in myself	<input type="checkbox"/>
I don't get to see my friends	<input type="checkbox"/>	I worry a lot	<input type="checkbox"/>
I find it hard to make friends	<input type="checkbox"/>	My behaviour can be a problem	<input type="checkbox"/>
I have problems at School	<input type="checkbox"/>	I feel unwell or tired a lot	<input type="checkbox"/>
The family is short of money	<input type="checkbox"/>	I feel angry/upset a lot	<input type="checkbox"/>

What does the young carer say he/she wants most help with?

Please detail your concerns for this young carer / reasons for this Referral: (expand this box if necessary

Early Help	Yes	No	Lead Contact Name	
			Contact Number	
Child in Need	Yes	No	Lead Contact Name	
			Contact name	
LAC	Yes	No	Lead Contact name	
			Contact Number	
Child protection issue	Yes	No	Lead Contact Name	
			Contact number	

Risk Assessment

(Are you aware of any risk to staff during visits to the home, or while working with the young carer, i.e. domestic violence, antisocial behaviour, pets? (Please state)

Details of Person who has Parental Responsibility for young carer

Full Name			
Relationship to Child			
Address (If Different)			Postcode:
Contact Number		Email Address	

Data Protection Act

Please note that if completing this form for someone else you must have their permission. Personal details supplied will be held by Sefton Carers Centre and Sefton Council for the purposes of assessing the needs of the a young carer and the provision of support. By typing or signing your name in the signature box and submitting this form you are confirming that you have obtained parental consent to provide this information

Please tick this box if consent has been understood and given by
The young carer.

Signature _____

Print Name _____

Date _____