

# Confidential Referral Form

Carers Trust Tyne & Wear provides support to young carers who are aged between **5 and 25** and live in the borough of Gateshead.

A young carer is a child or young person who provides care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem, substance misuse or other condition connected with a need for care, support or supervision and who lives in the same house.

## REFERRER DETAILS

Name	Job Title
<hr/>	
Organisation	
<hr/>	
Address	
<hr/>	
Postcode	
<hr/>	
Telephone No	Mobile No
<hr/>	
Email	
<hr/>	
Reason for referral ie what type of support are you requesting from us for this young person ?	
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Please give details of the young carers role ie what tasks do they undertake/impact of their caring role	
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Do the young carer know you are making this referral?	YES / NO <i>(If no please ensure you get their permission before making this referral)</i>
<hr/>	

## YOUNG CARER DETAILS *(Please complete a separate form for each young carer)*

Name	Date of Birth
<hr/>	
Home Address	Home Tel
	YC Mobile
<hr/>	
Post code	
<hr/>	
email	
<hr/>	

Young Carers' Team  
The Old School  
Smailes Lane  
Highfield, Rowlands Gill  
Tyne & Wear  
NE39 2DB

Charity Reg No: 1059917  
Company No: 3245594  
Tel No: 01207 549780

Email: [youngcarers@carerstrusttw.org.uk](mailto:youngcarers@carerstrusttw.org.uk)  
Website: [www.carerstrusttw.org.uk](http://www.carerstrusttw.org.uk)

**DETAILS OF PERSON WITH CARE NEEDS** *(Please complete a new sheet for each cared for person)*

Name of person with care needs

DOB:

What is the relationship of this person to the young carer?

What is the medical condition or diagnosis of the person cared for?

GP Practice

GP's Telephone no

**Primary health condition of the person with care needs**

Physical Disability		Heart Problems	
Mental Ill Health		Epilepsy	
Learning Disability		Behavioural Problems	
Substance Misuse		Chromosome Abnormality	
Cancer & Palliative Care		Other	

**Agencies or services currently supporting the person with care needs**

<i>Name of Organisation</i>	<i>Tel No</i>	<i>Name</i>

## THE FAMILY

*Please list everyone who lives at the address apart from the young carer*

Name	Relationship to young carer	DOB

## SCHOOL/COLLEGE ATTENDED

Name of School / College

School Year / Course Studied

Other ie in employment, home tutored

## PARENT/GUARDIAN INFORMATION

**Can parents speak english or is an interpreter required?**

Parent/Guardian's  
name 1:

Mobile No:

Email address:

Parent/Guardian's  
name 2:

Mobile No:

Email address:

## AGENCIES OR SERVICES CURRENTLY SUPPORTING THE YOUNG CARER & SIBLINGS

Name of Organisation	Tel No	Name

## CHILD PROTECTION / CHILD IN NEED

Is the young carer registered as a child in need?	YES / NO
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Does the young carer have a child protection plan?	YES / NO
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If yes, please provide details	
<hr/>	
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## COMMON ASSESSMENT FRAMEWORK

Has a CAF been considered for the young carer?	YES / NO
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<b><i>If No, do you know why. If Yes please give details of lead professional</i></b>	
<hr/>	
<hr/>	
<hr/>	
Contact tel no:	
<hr/>	
Address:	
<hr/>	
<hr/>	

## THE FOLLOWING MAY AFFECT ELIGIBILITY FOR SOME OF OUR SERVICES

Does the young carer have any behaviour problems?	YES / NO
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<i>Please clarify</i>	
<hr/>	
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Does the young carer have any emotional problems	YES / NO
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<i>Please clarify</i>	
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Does the young carer have any learning difficulties or a Statement of Special Educational Needs?	YES / NO
<hr/>	
<i>Please clarify</i>	
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