

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
Organisation	
Address	
	Postcode
Telephone No	Mobile No
Email	
Reason for referral ie what type of support are you requesting from us for this young person ?	
Please give details of the young carers role ie what tasks do they undertake/impact of their caring role	
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>

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

Name	Date of Birth
Home Address	Home Tel
	YC Mobile
Post code	
email	
Ethnic Origin	Religion

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
Fax No: 01207 549794
Email: youngcarers@carerstrusttw.org.uk
Website: 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: _____

Ethnic origin _____ Religion _____

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

Does the young carer have a child protection plan? YES / NO

If yes, please provide details

COMMON ASSESSMENT FRAMEWORK

Has a CAF been considered for the young carer? YES / NO

If No, do you know why. If Yes please give details of lead professional

Contact tel no:

Address:

THE FOLLOWING MAY AFFECT ELIGIBILITY FOR SOME OF OUR SERVICES

Does the young carer have any behaviour problems? YES / NO

Please clarify

Does the young carer have any emotional problems? YES / NO

Please clarify

Does the young carer have any learning difficulties or a Statement of Special Educational Needs? YES / NO

Please clarify