

Confidential Referral Form

Carers Trust Tyne & Wear offers support to young carers who are aged between **5 and 17** 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 ?	
In your opinion what affect does the caring role have on the young carer?	
Does 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>
To be compliant with GDPR please confirm that you have consent to share personal information on any family member you have named on this referral, eg name, DOB etc	YES / NO <i>(If no please ensure you get their permission before making this referral)</i>
Please confirm that a parent/carer has given permission for us to contact them	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	
	Post code
Landline No	YC Mobile No
email	

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

Name of person with care needs

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

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

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	

THE FAMILY

Who lives at the home address?

Please be aware to be compliant with GDPR you must gain consent to share personal information on any family members you have named here, eg name, DOB etc

Name	Relationship to young carer	DOB

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:

SCHOOL/COLLEGE ATTENDED

Name of School / College

School Year / Course Studied

Other ie in employment, home tutored

AGENCIES OR SERVICES CURRENTLY SUPPORTING THE YOUNG CARER

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

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 an Education, Health and Care Plan (EHCP)? YES / NO

Please clarify

ANY OTHER COMMENTS