

Referrer Details

Referred By Organisation / Address	Telephone No.	
	Has the Carer granted permission to share details	

Carers Details

Name Address & Postcode	Gender	Male		Female	
	Date of Birth				
Telephone No.	Ethnicity				
Council Tax Paid To	GP Surgery				
School Currently Attending					

Any additional needs to be aware of for the Young Carer?

Does the child have a disability, is taking any medication or has any allergies?	
Is the child supported by SEN?	
Does the child have a communication need?	

Estimated hours of Caring a week? 0 - 19 hours 20 - 49 hours 50+ hours

Young Carers Family Members

Name	Relationship to child/YC	PR Y/N	Cared For : Y/N If yes, please add their illness/disability

Multi Agency Information (Please tick appropriate boxes)

Is the child subject to Child Protection Plan?	<input type="checkbox"/>	If yes, which Social Worker?	
Is the child subject to Child in Need Plan?	<input type="checkbox"/>	If yes, which Social Worker?	
Has an Early Help Assessment been completed?	<input type="checkbox"/>	If yes, Lead Name?	
Is there a Family Matters Intervention?	<input type="checkbox"/>	If yes, Lead Name?	
Is the child looked after?	<input type="checkbox"/>	If yes, which authority is responsible?	

Risk Assessment Details

Are there any known risks our support staff should be aware of prior to visiting this Carer?

Yes No

Comments

Overview of the Young Person

Welfare of the Young Carer

(Please comment on health, safety, home environment, if victim of bullying, crime or discrimination)

Educational Overview

(Please comment on aspirations, school support, ability to attend, involvement in school and extra curricular activities, positive/negative role models)

Social Development of the Young Carers : Social and Emotional

(Please comment on friendships, peer relationships and behaviour in school, home and community)

What outcome do you expect from this referral

Please include the view of the child/young person

Please include the view of the parent

If you prefer to discuss the details and not record them please contact us on the number below

Any information you share with us will be kept safe and secure and processed in line with our privacy policy.

This can be seen on our website www.carersfirst.com or you can request a copy from us by calling NSC on 01782 793100.



Please return the completed form to :
North Staffs Carers Association Carers Centre,
1 Duke Street, Fenton, Stoke-on-Trent, ST4 3NR
Tel : 01782 793100 Email : info@carersfirst.com