

Please note: All fields are mandatory

Professional

Self Referral How did you hear about us?.....



Name:

Date:

Role / Team:

Contact number:

Devon Young Carers Enquiry / Referral

I confirm I have permission from the parent or guardian of the person named on this form to make this referral if under 16

Parent Name	
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I confirm this individual provides unpaid care for a family member or friend who is ill, frail, disabled or has a mental health or substance misuse problem.

This young carer has been identified as part of an assessment of the cared-for person.

Name		Gender:
Address		
Telephone Number		OK to leave a message? <input type="checkbox"/> <i>Messages cannot be left without carer consent</i>
If not tel, best method of contact		
Date Of Birth		
School Attending		

This carer/parent requires additional support, ie Enabler, Translator, Advocate if yes please explain

<p>Does caring have an adverse effect on any of the following:</p> <p>The health of the child <input type="checkbox"/></p> <p>The social development of the child <input type="checkbox"/></p> <p>The emotional development of the child <input type="checkbox"/></p> <p>The educational development of the child <input type="checkbox"/></p> <p>If you have answered Yes to any of the above please complete the next section.</p>										
<p>Impact of caring, tick only those that apply:</p> <table> <tr> <td>Impacting on education <input type="checkbox"/></td> <td>Struggling physically <input type="checkbox"/></td> </tr> <tr> <td>Unable to engage with activities or hobbies <input type="checkbox"/></td> <td>Struggling mentally <input type="checkbox"/></td> </tr> <tr> <td>Struggling to support other members of the family <input type="checkbox"/></td> <td>Socially isolated <input type="checkbox"/></td> </tr> <tr> <td>Adversely affected by the behavior of the cared-for <input type="checkbox"/></td> <td>Assists to maintain their home <input type="checkbox"/></td> </tr> <tr> <td>Providing an inappropriate level of care <input type="checkbox"/></td> <td>Supporting siblings <input type="checkbox"/></td> </tr> </table> <p>Domestic abuse within the family (including historic) <input type="checkbox"/></p> <p>Has an Early Help Assessment been carried out with the family <input type="checkbox"/></p> <p>Right for Children ID number:</p> <p>Is there a social worker involved with the young carer being referred <input type="checkbox"/> if yes, please give details</p>	Impacting on education <input type="checkbox"/>	Struggling physically <input type="checkbox"/>	Unable to engage with activities or hobbies <input type="checkbox"/>	Struggling mentally <input type="checkbox"/>	Struggling to support other members of the family <input type="checkbox"/>	Socially isolated <input type="checkbox"/>	Adversely affected by the behavior of the cared-for <input type="checkbox"/>	Assists to maintain their home <input type="checkbox"/>	Providing an inappropriate level of care <input type="checkbox"/>	Supporting siblings <input type="checkbox"/>
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PTO

Under Data Protection we will only retain this referral form for a maximum of 8 weeks. If the named individual has not been contacted within 4 weeks of the date of receipt then please call 03456 434435 to follow up.

Any risks for home visit? , if Yes please explain

Are there any communication difficulties , if Yes, please explain

What Information, advice, or preventative support is already in place:

Who is the young carer caring for:

What is the condition of the cared-for person: