**TORBAY YOUNG CARERS SERVICE REFERRAL FORM 2023**

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| 1. **YOUNG PERSON’S DETAILS:**
 |
| **Full Name:** | **DOB:** |
| **School:**  | **Year Group:** |
| **Address:**   | **Post Code:** |
| **Email Address (If Appropriate):**  |
| **Mobile Number (If Appropriate):** |
| **G.P** **Surgery:**  |
| **Are there any Communication or Language needs we should know about?** |

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| 1. **PARENT / CARER’S DETAILS:**
 |
| **Full Name:**  |
| **Address:**  | **Post Code:**  |
| **Email Address:**  | **Mobile Number:**  |
| **Are there any Communication or Language needs we should know about?** |
| **Does Parent /Carer see the young person as a young carer? (Please circle):**  Yes No |

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| 1. **WHO IS COMPLETING THIS FORM?**
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| **Full Name:** |
| **Relationship to Young Person:** |
| **Organisation (If Applicable):** |
| **Role in Organisation (If Applicable):** |
| **Telephone Number:** |
| **Email Address:** |
| **How did you hear about Torbay Young Carers Service?** |

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| 1. **CONSENT**
 |
| **Has Parent/Carer consented to this referral?**  Yes No |
| **Has Child/Young Person requested assessment without parental knowledge?** Yes No |
| **If YES, please give reason:** |
| **Has the Young Person consented to this referral?**  Yes No***Please note referrals will not be accepted without consent*** |

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| 1. **WHO DOES THE YOUNG PERSON PRIMARILY CARE FOR?**
 |
| **Full Name:**  |
| **Relationship to Young Person:** |
| **Age Range of Person Cared For?*** 0 - 10
* 10 - 16
* 16 - 25
* 25 - 45
* 45 - 65
* 65 +
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| 1. **WHAT IS THE NEED OF THE CARED FOR PERSON?**
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| * Physical Ill Health
* Mental Ill Health
* Physical Disability
* Substance Misuse (e.g. Drugs or Alcohol)
* Sensory Impairment (e.g. Problems with their sight or hearing)
* Learning Disability
* Autistic Spectrum Disorder
* Other

If Other, please specify: |
| **How does the condition effect the person who is cared for?** |

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| 1. **IS THE YOUNG PERSON THE MAIN PERSON PROVIDING CARE?**
 |
|  Yes No |
| 1. **WHAT DOES THE YOUNG PERSON DO TO HELP? (Physical, Medical, Domestic Help, Practical, Emotional Support of the Cared for Person), Helping with siblings.**

***Please note that referrals will not be accepted without the details of the caring role.*** |
|   **Please give information:** |

**9. Details of family and other significant people e.g. Grandparents**

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| **Name** | **D.O.B** | **Relationship** | **Do they live in the family home (Y/N)** |
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**10. Details of any Professionals/ Agencies currently supporting the family**

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| **Name** | **Agency? E.g. Adult Social Care** | **Contact Details** |
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| **11. IS IT APPROPRIATE TO VISIT THE FAMILY HOME?** |
| 1. **Alone?**
 | Yes No |
| 1. **As part of a joint visit with another professional?**
 | Yes No |
| **Is there anything we need to be aware of?** |  |

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| **12. CONSENT TO SHARING INFORMATION** |
| Consent for information storage and information sharing  [Privacy notices - Torbay Council](https://www.torbay.gov.uk/council/information-and-data/data-protection/privacy-notice/)   |
| I have spoken to the child/young person’s parents/carers, and they have given me consent to make this referral  | Yes No |
| I am the parent, carer, or family member.I understand that I/we may withdraw from this process at any time. I /we agree to information being shared about my child/us and my child/our family with the Council's partner organisations in order to provide me/us and my child/our family with Services and Support.  | Yes No |
| The child/young person needs to provide their own consent for us to work with them if they are aged 13 years or above and if they have the capacity to understand what they are consenting to. Have you sought this? | Yes No |
| **Parent/Carer Name** | **Signed**  | **Date**  |
| **Young Person Name**  | **Signed**  | **Date**  |
| Any Persons/Organisations you do not want us to share information with:  |

**Thank you for completing this referral form. Please email it to** **youngcarers@torbay.gov.uk** **and a member of the team will be in touch to confirm that it has been received, and/or to confirm the detail included.**

Office use only:

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| Date referral received:  |  |
| Date referral uploaded:  |  |