

**Young Carers Referral**

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| --- | --- |
| Name of Young Carer |  |
| Date of referral |  |
| Method of referral (for example, telephone, email, letter, face to face) |  |

**Section A – Details of Person making the Referral**

|  |  |
| --- | --- |
| Name |  |
| Job title (where applicable) |  |
| Organisation |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Where did you hear about our services |  |

**Section B – Details of the Young Carer**

Charity Registration Number 1075268. Crossroads Care Cheshire, Manchester and Merseyside Limited (trading as Carers Trust 4all), is a company limited by guarantee registered in England number 3554493. Patrons: Rt Hon Lord Bradley, Fiona Bruce MP & Sir Nicholas Winterton. Registered office: Overton House, West Street, Congleton, Cheshire, CW12 1JY Tel: 01260 292850

|  |  |
| --- | --- |
| Title:  Preferred name: | Forename:  Surname: |
| Date of birth |  |
| Address |  |
| Telephone numbers:  Home:  Mobile: |  |
| School Details  Names  Address  Number  Known to School as Young Carer?  Any special Educational Needs? |  |
| GP Details  GP Name  Surgery Name  Address  Number  Known to GP as Young carers? |  |
| Email address |  |
| Preferred / first language |  |
| Who do they care for:  Details of Care provided:  Length of time caring:  Average number of hours per week spent caring: |  |
| What is the impact of caring on the child/ young person?  *(Physical and emotional affects)* |  |
| Religion |  |
| Ethnicity |  |
| Are there any identified risks of working with this young person? (Attending the family home, behaviour, lone working) |  |

**Section C (1) – Details of the Cared For**

|  |  |
| --- | --- |
| Title:  Preferred Name: | Forename:  Surname: |
| Date of birth |  |
| Address (If different from the young carers) |  |
| Contact number:  Home  Mobile |  |
| Email address |  |
| Preferred / first language |  |
| Relationship to the young carer |  |
| What is their care need? i.e. Physical disability, ongoing illness, mental health needs, drug or alcohol related.  How does it affect them? |  |

**Section C (2) – Details of the main parent/guardian**

**(Please only complete if they are not the cared for)**

|  |  |
| --- | --- |
| Title:  Preferred name | Forename:  Surname: |
| Date of birth |  |
| Address(If different from the young carers) |  |
| Telephone numbers:  Home  Mobile |  |
| Email address |  |
| Preferred / first language |  |
| Relationship to the young carer |  |

**Section D – Further information (Must be completed)**

|  |  |
| --- | --- |
| Are any other professionals involved with the family? |  |
| If yes, please provide their name, job title and contact details. |  |
| Will the young carers main parent/guardian be aware of the referral to Carers Trust 4all? |  |
| If no please state why |  |
| Please state the outcomes you are hoping to see as a result of this referral |  |

Any other relevant information

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