Referral Form

Bristol & South Gloucestershire Young Carers

This form is for use by professionals or families of a child or young person who has caring responsibilities. An assessment of need will be completed for referrals meeting our criteria, but we cannot guarantee that a service will be offered in all cases. Please complete this form as fully as possible.

Details of child/young person

If completing electronically, please double-click on the relevant check boxes and select 'checked'.

Name | DOB | Age

Address

Female ☐ Male ☐
Transwoman ☐ Transman ☐
Non Binary ☐ Prefer Not to Say ☐

Email address

Postcode | Religion

Does the child/young person have a disability or additional needs? Yes ☐ No ☐

If yes, please give details

Ethnicity

☐ Asian/Asian British: Bangladeshi ☐ Asian/Asian British: Indian ☐ Asian/Asian British: Other Asian

☐ Asian/Asian British: Pakistani ☐ Black/Black British: African ☐ Black/Black British: Caribbean

☐ Black/Black British: Other Black ☐ Mixed: White & Asian ☐ Mixed: White & Black Caribbean

☐ Mixed: White & Black African ☐ Other Ethnic: Chinese ☐ Romany/Travelling

☐ Prefer Not To Say ☐ White: White British ☐ White: Other European

☐ White: White Irish ☐ White: White Polish ☐ Unknown

If other, please specify | Language spoken at home

Is an interpreter or signer required? Yes ☐ No ☐

Details of parents/carers

Name | Email address:

Relationship | DOB

Address (if different from child/ young person

Contact tel. no.

Name | Address (if different from child/ young person

Relationship | DOB

Contact tel. no.

Details of siblings (if any, living at the family home)

If more than one child requires a Young Carers Assessment, please complete a separate referral form for each.

Name

Male ☐ Female ☐ DOB

Does the sibling have any caring responsibilities? Yes ☐ No ☐

Name

Male ☐ Female ☐ DOB

Does the sibling have any caring responsibilities? Yes ☐ No ☐

Name

Male ☐ Female ☐ DOB

Does the sibling have any caring responsibilities? Yes ☐ No ☐

Name

Male ☐ Female ☐ DOB

Does the sibling have any caring responsibilities? Yes ☐ No ☐

Child/young persons' current family and home situation

Please include information about the family structure (including siblings); for whom the child/young person has caring responsibilities; the nature of the illness, disability or substance misuse affecting the cared for person.

Caring tasks undertaken by child/young person

Please tick the caring tasks that the child/young person does regularly to help the person they care for.

Cleaning ☐	Cooking ☐	Laundry ☐	Washing up ☐
Decorating ☐	Shopping ☐	Lifting/Fetching/Carrying ☐	Interpreting/Signing ☐
Dressing/ Undressing ☐	Working to bring in money for family ☐	Helping with paying bills / banking and benefits ☐	Making sure cared for person is alright ☐
Emotional Care ☐	Looking after siblings ☐	Keep cared for company ☐	Washing/Showering ☐
Taking siblings to school ☐	Taking cared for person out ☐	Other ☐	

If other, please describe

Impact of caring responsibilities on child/young person
Please tick the boxes which best describe the child/young person and how their caring responsibilities impact upon them. Are they:

Lacking confidence ☐	Isolated ☐	Stressed ☐
Unable to spend time socialising ☐	Self harming ☐	Worried ☐
Having back problems ☐	Frequently tired ☐	Angry ☐
Frequently absent from school ☐	Being bullied ☐	Fed up ☐
Struggling to concentrate in school ☐	Lonely ☐	Other ☐

If other, please describe

School

Name of school

Contact tel. no.

Name of tutor

Address

Is the school aware of the child/young persons caring responsibilities? Yes ☐ No ☐

Social Care (Children's & Adults)

Is the child/young person a Child In Need (CIN) or on a Child Protection Plan? (CP) CIN ☐ CP ☐

Does the child/young person or family have any support from social care services? Yes ☐ No ☐

Name of service

Name of main contact

Contact tel. no.

Address

Name of service

Name of main contact

Contact tel. no.

Address

Assessments
Has the child/young person and/or the person they care for been formally assessed (e.g. CAF, community care, assessment, O.T assessment, etc.) ? If so, how?

Other services working with the family

Please give the details of any other services or organisations already working with the family (e.g. social services, community care, mental health professionals, GP, EWO, CAMHS, youth projects etc.)

Name of service

Name of main contact

Contact tel. no.

Address

Name of service

Name of main contact

Contact tel. no.

Address

How you feel Young Carers can help

Please note any particular areas of concern that you hope we can support the child/young person with.

How did you hear about Bristol & South Glos. Young Carers?

Details of referrer (if different to those preceding)

Name

Job title

Organisation

Contact tel. no.

Address

Email

What will be your ongoing role with the family?

Has the family given permission for the referral to be made to Young Carers and their data to be stored on a secure database for referral purposes only? Yes ☐ No ☐

If not, we will not be able to process the referral until consent has been given.

Other comments

Please use this space to add any further comments and include notification of any risk (e.g. aggression or violence of family members etc.)

I understand that the information recorded on this form will be stored on a secure database and used for the purpose of assessing whether the child/young person meets the criteria for services from Young Carers.

Signed (referrer)

Print name

Date

Please return the completed form, marked Private and Confidential, to:
Bristol and South Glos Young Carers, Carers Support Centre, The Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ. Alternatively, referrals can be sent to us via email. Please use a **secure** email service and send to us at: youngc@carerssupportcentre.org.uk. For enquiries, please contact 0117 958 9980.