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| SANDWELL ADVOCACYYOUNG CARERS ADVOCACY REFERRAL FORM |
| Date of referralClick here to enter a date. | Referral received by: (office use) | Reference Number: (office use) |

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| Referrers details: |
| Name of referrer: Position:  | Address:  | Telephone Number: Email:  |

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| Young Carers Details | Parent/Carer/Guardian details |
| Young Carers Name: Gender: Male [ ]  Female [ ] Date of Birth: Address:  Contact Number: Email:Disability: Yes [ ]  No [ ] Communication needs: | Parents Name: Date of Birth: Address: Contact Number: Email:Disability: Yes [ ]  No [ ]  Communication needs: |
| Parent/Carer/Guardian details Other Household/Family Members:

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| Name | Relationship | M/F | D.O.B | Ref No: |
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| Parents Name: Date of Birth: Address:Contact Number:Email:Disability: Yes [ ]  No [ ] Communication needs: |

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| Has Consent been given? Yes [ ]  No [ ]  Is so by whom? Can we contact young carer directly? Yes [ ]  No [ ]  Other details with regards to initial contact:  |

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| CHILDS ETHNICITY | CHILDS RELIGION |
| White British[ ]  | White & Black Caribbean[ ]  | Indian [ ]  | Caribbean [ ]  | Not Given [ ]  | None [ ]  | Christian[ ]  | Muslim [ ]  |
| White Irish [ ]  | White & Black African [ ]  | Pakistani [ ]  | African [ ]  | Any other Black Background [ ]  | Hindu [ ]  |  Sikh  [ ]  | Buddhist [ ]  |
| White Other [ ]  | White & Asian [ ]  | Bangladeshi [ ]  | Chinese [ ]  | Any other Asian Background[ ]  | Jewish [ ]  |  |  |
| White & Other White Background [ ]  or Mixed [ ]  | White & Other mixed Background [ ]   | Other: | Other:  |

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| Please give brief reason for referral (this can be expanded in additional information section) | What does the referrer hope to gain (someone independent for the young person/ improved emotional wellbeing, self-esteem, school attainment/attendance etc.) |
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| RISKS IDENTIFIED WITHIN THE HOME OR WITH CONTACT |
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| SANDWELL ADVOCACY young carers initial assessment details |
| (office use) Date of Initial Assessment:  | (office use) Initial Assessment Completed By: |

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| CARING ROLE DETAILS |
| Is there an identified caring role being undertaken? Yes [ ]  No [ ]  Caring roles and activities undertaken: |
| (OFFICE USE)What is the Level of responsibility being undertaken? Low [ ]  Moderate [ ]  High [ ]  Excessive [ ]  (office use)Is there an identified Advocacy Role? Yes [ ]  No [ ]  Is the young person and family likely to engage? Yes [ ]  No [ ]   |

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| other service involvement |
| 1.
2.
3.
4.
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| EDUCATION PROVISON:  |

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| (office use): Action required and agreed:  |
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| Additional information |
| Do any of the siblings have a disability? Please detail..... |
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