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| SANDWELL ADVOCACY  YOUNG CARERS ADVOCACY REFERRAL FORM | | |
| Date of referral  Click 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:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name | Relationship | M/F | D.O.B | Ref No: | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 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 |
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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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