**Croydon Young Carers Service**

**Young Adult Carers Referral Form (aged 18-25)**

**This referral form will be used as part of the client’s Young Carers assessment and all information on this form will be shared with the young carer and/or parent(s). Information on this form will be stored on our parent charity: Off the Record’s database. If consent is not given by the family to register as a young carer with our service, this data will then be deleted.**

**Referral method:** Young Carers Service will **only** accept referrals by completing this form. Only typed referrals to be accepted, referrals must be emailed to [youngcarersreferrals@talkofftherecord.org](mailto:youngcarersreferrals@talkofftherecord.org)

**Definition of a carer:** “A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem” - *Carers Trust*

**Referral Guidelines**

**About the person(s) cared for:** The Young Carers Service will accept referrals for young carers who provide support to individuals who belong to the following categories: Physical disability, physical ill health, mental health, learning disability or substance misuse. Please provide details of the type, severity and symptoms of the health condition and which support services are involved, if any.

**About the young carer:** Explicit details of the caring role (include types and frequency of tasks) and how these impact on the young person’s life.

**Examples of caring tasks and responsibilities:**

* Domestic tasks e.g. cleaning, cooking, laundry, food shopping, lifting and carrying heavy objects.
* Personal care which may include aiding mobility and helping with dressing and washing of the cared for person or administering medication.
* Sibling care (either of a sibling who is the cared for person or if caring for a sibling in order to support a cared for parent). Examples of this are: taking a sibling to school; managing their behaviour, supervising or entertaining them.
* Emotional care. Providing emotional support such as listening to and comforting or providing company for the cared for person.
* Financial/practical care. Young Carers may be required to collect benefits, deal with bills and banking of money or even to work part-time.
* Interpreting, signing or using another communication system for the cared for person.

**The YCS can complete young carers assessment for young carers aged 7-17 and Adult Carers Assessments for those aged over 18.**

**Referral Information**

|  |  |  |
| --- | --- | --- |
| **Young Carer’s Details** | | |
| First Name: |  | |
| Surname: |  | |
| D.O.B / Age: |  | |
| Ethnicity: |  | |
| Contact number of YP: |  | |
| Email of YP: |  | |
| Gender: |  | |
| Preferred Language: |  | |
| GP Details: |  | |
| Any allergies /illnesses/medication: |  | |
| Any Disabilities: |  | |
| In Education/Work?  FT/PT? |  | |
| If so, name and address of above: |  | |
| **Parent(s) or Carer(s) Details** | | |
|  | Parent / Carer 1 | Parent / Carer 2 |
| Full Name: |  |  |
| DOB: |  |  |
| Telephone/Mobile number: |  |  |
| Email address: |  |  |
| Family Address: |  | (If different to family address): |
| Post Code: |  |  |
| **Additional Contact details in case of Emergency** | | |
| Full Name: |  |  |
| Telephone/ Mobile Number: |  |  |
| Email Address: |  |  |
| Relationship to Young Carer: |  |  |
| **Details of the Person(s) Cared For** | | |
|  | First person cared for | Second person cared for  (If more than one) |
| Name: |  |  |
| DOB: |  |  |
| Relationship to Young Carer: |  |  |
| Is Young Carer the Primary/Secondary Carer: |  |  |
| Health /Medical condition or diagnosis of the cared for (can be multiple)  See guidelines on front page and provide as much information as possible |  |  |
| What does the Young Carer’s caring role consist of? See guidelines  (Emotional support, cooking, cleaning, taking siblings to school, laundry, etc). **This needs to be completed as fully as possible.** |  |  |
| Is this person aware of the referral? |  |  |
| Has the Young Carer consented to this referral? |  | |
| **Safeguarding Information** | | |
| Are there any risks/safeguarding concerns that are related to the caring role? |  | |
| Is the diagnosis of the cared for person terminal? |  | |
| Are there any other professionals involved, e.g. Social care? Who? |  | |
| **Referrers Details** | | |
| Referral Source | Health Social Care Education Self Other | |
| Name of referrer |  | |
| Role of referrer |  | |
| Address |  | |
| Contact Number |  | |
| Email of Referrer |  | |
| Date of Referral |  | |